

State of Montana

Employee Benefits Bureau



2004 New Employee Insurance Benefits

Your Benefit Plan consists of a Core Benefits Package (your choice of a Medical Plan, Dental Plan, and Basic Term Life Plan) plus the following options:

- Medical Flexible Spending Account (FSA)
- Dependent Care Flexible Spending Account (FSA)
- Term Life Insurance (above the core amount)
- Accidental Death and Dismemberment Insurance
- Long Term Care Insurance
- Vision Coverage

**THE INITIAL ENROLLMENT PERIOD IS THE FIRST 31 DAYS OF EMPLOYMENT.
DECISIONS BELOW MUST BE MADE DURING THIS TIME PERIOD.**

- ✓ Choose a Medical Plan.
- ✓ Decide which dependents you want on your plan.
- ✓ Decide if you want to purchase long term care insurance.
- ✓ Decide if you want to purchase extra term life insurance.
- ✓ Decide if you want to purchase vision coverage.



After the initial 31 day enrollment period, there are certain restrictions that apply when:

- Adding or dropping dependents
- Purchasing additional Term Life Insurance.

Department of Administration • State Personnel Division • Room 125 • Mitchell Building

PO Box 200127 • Helena MT • 59620-0127

1-800-287-8266 or 444-7462 in Helena

www.state.mt.us/doa/spd/benefits/healthbenefits.asp

Welcome, New State Employee!

The State of Montana is pleased to offer you a comprehensive package of insurance benefits from which to choose. These benefits are a large part of your compensation, and **some benefits can only be guaranteed if you enroll within your initial enrollment period ▶ the first 31 days of State employment or eligibility.** You can choose to have your coverage effective on your date of hire or the first day of the pay period following receipt of the form in the Benefits Bureau. You can expect to receive medical and dental identification cards within **six weeks of returning your forms.** The State of Montana is a self-funded insurance group, which means that insurance is not purchased, but rather, the state and employee out-of-pocket insurance contributions are pooled and used to pay claims. Each member shares the responsibility of being a wise healthcare consumer, thereby containing costs and premium amounts as much as possible. There are a variety of ways you can reduce costs such as utilization of the wellness and employee assistance programs that are available to you. These programs are outlined in detail within this booklet.

Enrollment

If you choose to participate in the benefits package offered by the State of Montana, you will receive \$410 per month employer contribution toward the cost of benefits. All employees who wish to participate must enroll in the **“Core Benefits.”** The **“Core Benefits”** consist of :

- ◆ One of the medical plans outlined in this book
- ◆ The State Dental Plan
- ◆ Basic Life Insurance (\$14,000)

There are **add on benefits** that you may choose in addition to the above core benefits. **They include:**

- Medical and/or Dental Coverage for dependents
- Additional Life Insurance for you and/or your dependents
- Flexible Spending Accounts for Medical and/or Dependent Care
- Long Term Care Insurance
- Vision Coverage

HOW TO ENROLL

Complete the forms listed below. (These forms are included within this packet)

1. For Medical Insurance, Dental, Vision, and the Premium Payment Plan complete the **State of Montana Employee Group Benefits Plan Enrollment/Change Form.**
2. For Life Insurance complete the **Standard Life Insurance Co. Enrollment/Change Form.**
3. For the Flexible Spending Accounts (FSA) complete the **Flexible Spending Account Enrollment/Change Form.**
4. To enroll in Long Term Care Insurance you must request a **Long Term Care Insurance Enrollment Kit** from the Benefits Bureau 800-287-8266 or 444-7462 in Helena.

Waiving Coverage

If you choose to waive coverage and do not wish to participate in the group health insurance offered, please check the **WAIVER of Coverage** box located on the upper right hand corner of the **Employee Group Benefits Plan Enrollment/Change Form.**

Table of Contents

GLOSSARY	4
MONTHLY OUT-OF-POCKET BENEFIT PREMIUM COSTS	5
ANNUAL BENEFIT PLAN SUMMARY	6
MEDICAL INSURANCE PLANS	12
PRESCRIPTION DRUG PLAN	14
DENTAL PLAN	15
VISION PLAN	16
LIFE INSURANCE PLAN	17
EMPLOYEE ASSISTANCE PROGRAM	18
WELLNESS PROGRAMS	19
PREMIUM PAYMENT PLAN	20
FLEXIBLE SPENDING ACCOUNTS	21
LONG-TERM CARE INSURANCE PLAN	24
EHS NETWORK PHARMACIES	27
MANAGED CARE AREAS	29
PARTICIPATING HOSPITALS	33
BLUE CHOICE PRIMARY CARE PROVIDERS	34
NEW WEST PRIMARY CARE PROVIDERS	38
PEAK HEALTH PRIMARY CARE PROVIDERS	42
RESOURCES	BACK COVER

GLOSSARY

Allowable charges: A set dollar allowance for procedures/services that are covered by the plan.

Benefit year/Plan year: The period starting January 1 and ending December 31 of each year.

Certification/pre-certification: A determination by the appropriate medical plan administrator that a specific service – such as an inpatient hospital stay – is medically necessary. Pre-certification is done in advance of a non-emergency admission by contacting the plan administrator.

Coinsurance: A percentage of allowable and covered charges that a member is responsible for paying, after paying any applicable deductible. The medical plan pays the remaining allowable charges.

Copayment: A fixed dollar amount for allowable and covered charges that a member is responsible for paying. The medical plan pays the remaining allowable charges. This type of cost-sharing method is typically used by managed care medical plans.

Covered charges: Charges for medical services that are determined to be medically necessary and are eligible for payment under a medical insurance plan.

Deductible: A set dollar amount that a member and family must pay before the medical plan begins to share the costs.

Formulary: A list of prescription drugs that are preferred because of their effectiveness and cost. Copayments and coinsurance rates are lower for formulary drugs than for nonformulary drugs. This list is available at www.ehs.com.

In-network providers: Providers who contract with a managed care plan to manage the delivery of care for plan members.

Indemnity medical plan: Plans that require a deductible to be met before any cost sharing begins. The state refers to this plan as the Traditional plan.

Joint Core: An option that is available when both spouses are eligible state employees and have eligible dependents on their coverage. Spouses and children have only one family deductible and one family out-of-pocket maximum with a slightly lower premium than enrolling separately.

Managed Care medical plan: Plans that coordinate medical care with a Primary Care Provider and offer differing levels of benefits for in-network and out-of-network providers.

Nonformulary: A list of prescription drugs that are not preferred. Copayments and coinsurance rates are higher for nonformulary drugs than for formulary drugs.

Out-of-network providers: Any provider who renders services to a managed care member, but is not a participant in the plan's network.

Out-of-pocket maximum: The maximum dollar amount of any coinsurance that a member or family must pay in a benefit year. Once the out-of-pocket maximum has been paid, the member or family is not responsible for paying any further allowable charges for the remainder of the benefit year. The out-of-pocket maximum does not include deductibles or copayments.

Participating providers: Providers who have a contract with the plan administrator to accept allowable charges as payment in full.

Primary Care Provider: A provider that coordinates a member's medical care and provides referrals for specialty care.

Prior authorization: A process that determines whether a proposed service, medication, supply, or on-going treatment is covered by the relevant medical or prescription drug.

MONTHLY OUT-OF-POCKET BENEFIT PREMIUM COSTS

STATE CONTRIBUTION FOR 2004

ACTIVE EMPLOYEES

\$ 410.00 (a)

CORE BENEFITS

MEDICAL PLAN (See rates on page 6)

CHOOSE ONE

Traditional: \$ _____ (b)
Blue Choice: \$ _____ (b)
New West: \$ _____ (b)
Peak Health: \$ _____ (b)

DENTAL PLAN (See rates on page 15)

\$ _____ (c)

BASIC LIFE INSURANCE OF \$14,000 (Page 17)

\$ 2.80 (d)

TOTAL CORE BENEFITS PREMIUM

Add lines b, c, and d = \$ _____ (e)

NET COST OF CORE BENEFITS AFTER STATE CONTRIBUTION

Subtract line e from a = \$ _____ (f)

* If line f is < \$0, you will pay out-of-pocket for Core Benefits each month.

OPTIONAL BENEFITS

FLEXIBLE SPENDING ACCOUNTS (Page 21)

Medical FSA \$ _____ (g)

Dependent Care FSA \$ _____ (h)

Required administrative fee of \$2.16 if an amount is entered on line g and/or h \$ _____ (i)

LIFE INSURANCE (See rates on page 17)

Dependent Life for \$.52 (\$2,000/spouse; \$1,000/child) \$ _____ (j)

Optional Employee Life (Age rate x every \$1,000 of coverage) \$ _____ (k)

Supplemental Spouse (Age rate x every \$1,000 of coverage) \$ _____ (l)

Accidental Death & Dismemberment (\$.04 or \$.055 (with dependents) x every \$1,000 of coverage) \$ _____ (m)

LONG-TERM CARE INSURANCE (See rates on pages 25 and 26)

\$ _____ (n)

VISION SERVICE PLAN (See rates on page 16)

\$ _____ (o)

OPTIONAL BENEFITS PREMIUM

Add lines g, h, i, j, k, l, m, n and o = \$ _____ (p)

TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2004 BENEFITS

CORE BENEFITS

Enter amount from line e \$ _____ (q)

OPTIONAL BENEFITS

Enter amount from line p \$ _____ (r)

TOTAL BENEFITS

Add lines q and r \$ _____ (s)

STATE CONTRIBUTION

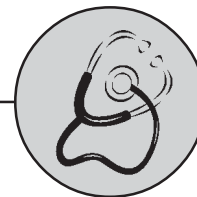
Enter amount from line a \$ _____ (t)

TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2004 BENEFITS

Subtract line t from s \$ _____

ANNUAL BENEFIT PLAN SUMMARY

MEDICAL PLAN



Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315
www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2202
www.newwesthealth.com

Peak Health Plan • 1-866-368-7325
www.healthinfontmt.com

MEDICAL RATES

Monthly Premiums	Traditional	Peak	Blue Choice	New West
Employee	\$365	\$357	\$352	\$328
Employee & spouse	\$532	\$524	\$509	\$487
Employee & children	\$486	\$480	\$466	\$447
Employee & family	\$560	\$551	\$535	\$511
Joint Core	\$420	\$418	\$404	\$390

MEDICAL PLAN COSTS

Annual Deductible*

(Applies to all services, unless otherwise noted)

Coinsurance Percentages

General

Preferred Facility Services *(See page 33 for a list of preferred facilities)*

Nonpreferred Facility Services *(See page 33 for a list of non-preferred facilities)*

Annual Out-of-Pocket Maximums*

(Maximum coinsurance paid in the year; excludes deductibles and copayments)

*You pay deductible and coinsurance on allowable charges only (see Glossary on page 4).

MEDICAL PLAN SERVICES

Hospital Services

(Inpatient services must be certified. Pre-certification is strongly recommended.)

Room Charges

Ancillary Services

Surgical Services

Outpatient Services

BENEFIT YEAR 2004

MEDICAL LIFETIME MAXIMUMS

Each Plan has a set maximum payable. This maximum is per person, per lifetime. The amounts shown below are the amounts that the plan would pay on an individual.

Traditional Plan: \$1,000,000 lifetime maximum; Additional \$2,000 available annually after the lifetime maximum is met.

Managed Care Plans: \$1,000,000 lifetime maximum

TRADITIONAL PLAN

MANAGED CARE BENEFIT PLANS

BLUE CHOICE - Administered by Blue Cross/Blue Shield of MT
NEW WEST - Administered by New West Health Plan
PEAK - Administered by Peak Health Plan

Administered by BCBS and APS	In-Network Benefits	Out-of-Network Benefits
\$550/Member \$1,650/Family	\$400/Member \$800/Family	Separate \$500/Member Separate \$1,000/Family
25% 20% 35%	25%	35%
Average of \$2,500/Member (20% - 35% of \$10,000 in allowable charges) Average of \$5,000/Family (20% - 35% of \$20,000 in allowable charges)	\$2,000/Member \$4,000/Family	Separate \$2,000/Member Separate \$4,000/Family
Coinsurance:	Coinsurance/Copayment:	Coinsurance:
20% - 35%	25%	35%
20% - 35%	25%	35%
20% - 35%	25%	35%
20% - 35%	25%	35%
20% - 35%	25%	35%

ANNUAL BENEFIT PLAN SUMMARY



MEDICAL PLAN COSTS

Physician Services

Office Visits

Inpatient Physician Services

Lab/Ancillary/Miscellaneous Charges

Emergency Services

Ambulance Services for Medical Emergency

Emergency Room
Hospital Charges

Professional Charges

Urgent Care Facility Services - Hospital Based
Hospital Charges

Urgent Care Facility Services - Free Standing
Facility Services

Maternity Services

Hospital Charges

Physician Charges

Prenatal Office Visits

Routine Newborn Care
Inpatient Hospital Charges

Preventive Services

Adult Exams and Tests

Mammogram, gyno exam and pap, proctoscopic
and colonoscopic exams, PSA tests, bone density tests

Adult Immunizations for Pneumonia and Flu

Well-Child Checkups and Immunizations

Mental Health Services

Mental Health Care

Inpatient Services

(Inpatient services must be certified. Pre-certification is strongly recommended.)

Max: One inpatient day may be exchanged for two partial hospital days.

Outpatient Services

With required referral or EAP counselor referral

With NO required referral or EAP counselor referral

BENEFIT YEAR 2004

TRADITIONAL PLAN	IN-NETWORK MANAGED CARE	OUT-OF-NETWORK MANAGED CARE
25% (no deductible for first two non-routine office visits)	\$15/visit (some lab & diagnostic included)	35%
25%	25%	35%
25%	25%	35%
25%	\$100 copay	Covered under In-Network Benefit
20% - 35%	\$75/visit for facility charges only (waived if inpatient hospital or out-patient surgery coinsurance applies)	Covered under In-Network Benefit
25%	25%	25%
20% - 35%	\$25/visit	\$25/visit
25%	\$25/visit	\$25/visit
20% - 35%	25%	35%
25%	25%	35%
25%	\$50 global copay for all prenatal care	35%
20% - 35% (no deductible)	25%	35%
25% (no deductible) Max: 2 bone density tests/lifetime Max: \$250 for colonoscopy or sigmoidoscopy	\$15/visit (periodic physicals covered, including PSA, PAP, basic blood panel, and limited lab work) \$0 co-pay for mammogram 25% for bone density scan, sigmoidoscopy, colonoscopy, proctoscopy	35%
Not covered	\$15 with office visit (Allergy shots 25%, with no deductible in-network)	35%
25% (no deductible) 0% (no deductible for County Health Department) (through age 5)	\$15/visit Max: Academy of Pediatrics Definitions (through age 18)	35%
20% - 35% 21 days (No max for severe conditions)	25% 21 days (No max for severe conditions)	35%
25% Max: 40 visits (No max for severe conditions)	\$15/visit Max: 30 visits (No max for severe conditions)	35%
50% Max: 20 visits (No max for severe conditions)	\$15/visit Max: 30 visits (No max for severe conditions)	35%

ANNUAL BENEFIT PLAN SUMMARY

MEDICAL PLAN COSTS

Chemical Dependency

Inpatient Services*

(Inpatient services must be certified. Pre-certification is strongly recommended.)

Outpatient Services*

With required referral or EAP counselor referral

With NO required referral or EAP counselor referral

*Dollar Limit Max for all Chemical Dependency Services: Combined inpatient/outpatient max of \$6,000/year; \$12,000/lifetime; \$2,000/year thereafter.

Rehabilitative Services

Physical, Occupational, and Speech Therapy

Inpatient Services

(Inpatient services must be certified. Pre-certification is strongly recommended.)

Outpatient Services – Hospital

Outpatient Services – Non-Hospital

Alternative Health Care Services

Acupuncture

Naturopathic

Chiropractic

Extended Care Services

Home Health Care

(Physician ordered/prior authorization recommended)

Hospice

Skilled Nursing

Miscellaneous Services

Dietary/Nutritional Counseling

(When medically necessary and physician ordered)

Durable Medical Equipment, Appliances, and Orthotics

(Prior authorization required for amounts over \$500)

PKU Supplies

Transportation *(Limited to reasonable one-way expenses for services not available in MT)*

Organ Transplants

(Must be certified. Pre-certification is strongly recommended.)

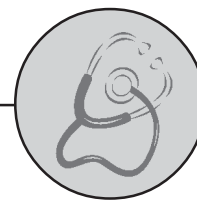
Transplant Services

Lifetime Maximums:

BENEFIT YEAR 2004

TRADITIONAL PLAN	IN-NETWORK MANAGED CARE	OUT-OF-NETWORK MANAGED CARE
20% - 35%	25%	35%
25% Max: 40 visits and Dollar Limit*	\$15/visit Max: Dollar Limit*	35%
50% Max: 20 visits and Dollar Limit*	\$15/visit Max: Dollar Limit*	35%
20% - 35% Max: 60 days	25% Max: 60 days	35% Max: 60 days
20% - 35% Max: \$2,000/year for all outpatient (\$10,000/year for prior-auth. conditions)	\$15/visit Max: 30 visits	35% Max: 30 visits
25% Max: \$2,000/year for all outpatient (\$10,000/year for prior-auth. conditions)	\$15/visit Max: 30 visits	35%
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit) Max: 25 visits in any combination for alternative health care	\$15/visit Max: 20 visits for chiropractic subject to required referral	Not covered
25% Max: 70 days	\$15/visit Max: 30 visits	35% Max: 30 visits
25% (20% - 35% if hospital-based) Max: 6 months	25% Max: 6 months	35% Max: 6 months
25% (20% - 35% if hospital-based) Max: 70 days	25% Max: 30 days instead of hospitalization	35% Max: 30 days instead of hospitalization
20% - 35% Max: \$250	\$15/visit Max: no limit	35%
25% Max: \$100 for foot orthotics (per foot)	25% (Not applied to out-of-pocket max) Max: \$100 for foot orthotics (per foot)	35%
25%	0% (Plan pays for 100% for services required under State mandate.)	35%
25%	Ambulance service & organ transplant only	Not covered
25% <ul style="list-style-type: none"> • Liver: \$200,000 • Heart: \$120,000 • Lung: \$160,000 • Heart/Lung: \$160,000 • Bone Marrow: \$160,000 • Pancreas: \$68,000 • Cornea/Kidney: No maximum 	25% \$500,000 lifetime maximum with \$5,000 of the maximum available for travel to and from the facility.	Not covered

MEDICAL INSURANCE PLANS



Administered by:
Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315 • www.bluecrossmontana.com
New West Health Plan • 1-800-290-3657 or 457-2202 • www.newwesthealth.com
Peak Health • 1-866-368-7325 • www.healthinfonetmt.com

WHO IS ELIGIBLE?

Employees, Legislators, retirees, and COBRA members of the State Benefit Plan are eligible for the Medical Insurance Plan. Enrollment is only allowed during these circumstances:

- within a new employee's initial 31-day enrollment period;
- within 63 days of becoming a dependent (through marriage, birth, adoption, pre-adoption, or court-ordered custody/legal guardianship);
- within 63 days of losing eligibility (not cancellation) for other group coverage;

- within 63 days of losing an employer's contribution toward other group coverage, sustaining a major increase in out-of-pocket costs, or losing benefits.

Notify your Agency Insurance Personnel when one of the above circumstances occurs (within the specified time-frames) to enroll dependents.



CLICK ON IT!

Learn more about your insurance administrator's customer service by visiting their web site at:

www.bluecrossmontana.com

www.newwesthealth.com

www.healthinfonetmt.com

INSTRUCTIONS

1. Read about each plan in the General Information section on this page.

2. Review and compare each plans' costs and services in the Benefits Summary, starting on page 6.

3. Review your typical health care needs and look at the Cost Comparisons on page 13.

4. If you are considering a managed care plan, review the Managed Care Areas section on pages 29 through 32, and the provider directories beginning on page 34.

5. Determine which plan will work best for your family. Make your selection by completing Parts 1 & 4 of the Enrollment/Change form.

Employee Group Benefits Enrollment/ Change Form Parts 1 & 4



GENERAL INFORMATION

The State of Montana offers one indemnity insurance plan and three managed care plans to choose from:

- **Traditional Plan**
- **Blue Choice**
- **New West Health Plan**
- **Peak Health Plan**

INDEMNITY PLAN

The Traditional indemnity plan is administered by Blue Cross and Blue Shield of Montana (BCBS), which processes claims and payments, provides customer service, and provides notice to members in the form of an Explanation of Benefits (EOB). BCBS also contracts with health care providers to offer plan members a provider network — providers who have agreed to accept certain plan allowances.

How the Traditional Plan Works

Plan members obtain medical services from a covered health care provider. If the provider is a BCBS provider, he or she will submit a claim for the plan member. BCBS will then process the claim and send an EOB to the plan member, indicating their payment responsibilities (deductible and/or coinsurance costs) to the provider. The Plan then pays the remaining allowable charges, which the provider accepts as full

payment. **Please verify a provider is currently participating by calling BCBS.**

If the provider is not a BCBS provider, you may be required to pay the entire fee and file a claim for reimbursement. There may be unallowed charges which you will have to pay, referred to as balance billing.

Preferred Hospital Services

Plan members may obtain covered medical services from any covered hospital. However, certain hospitals offer services for members on the Traditional plan that are subject to lower coinsurance rates. Please refer to the Participating Hospitals section on page 33 for a list of these hospitals. For your protection, it is strongly recommended to pre-certify all inpatient hospital services by calling your plan's customer service phone number, listed at the top of this page.

Out-of-State Services

The Blue Card Program lets plan members tap into BCBS plan networks in other states. If the out-of-state BCBS plan includes "hold harmless" provisions, the member will not be responsible for balances above the allowable amount.

MANAGED CARE PLANS

Blue Choice, New West, and Peak Health are managed care plans offered through the Montana Association of Health Care Purchasers, a purchasing pool of which the State is a member. The plans generally provide the same package of benefits, but there are differences in costs and requirements for receiving services.

How They Work

The benefits of managed care plans depend on the health care provider the member uses. When a network provider is used, the in-network benefits apply. When an out-of-network provider is used, out-of-network benefits apply (unless a required referral is obtained).

In-Network Benefits

When joining a managed care plan, members choose a Primary Care Physician (PCP) who is a member of the plan's network providers. The PCP oversees the member's care and generally gives referrals for any specialty care that is needed. While a PCP referral is not required for the plan member to see an in-network specialist, referrals are required from a plan physician to see an out-of-network specialist and still receive the plans' in-network benefits.

Out-of-Network Benefits

When plan members obtain services from providers who are not part of the plan's network, with no required referral, costs will be more because a separate and higher deductible, a higher coinsurance rate, and a separate out-of-pocket maximum apply.

Out-of-State Services

Plan members may receive standard benefits for medical services in other states for a medical emergency if they obtain a required referral, or if their plan accesses an out-of-state network. Please contact your plan administrator for specific provider network information.

SERVICE AREAS

The Traditional Plan is available to members living anywhere in Montana or throughout the world.

These plans include services of any covered providers.

However, providers who are not BCBS member providers may charge more for a service than the plan allows, leaving you responsible for paying the difference.

The Standard Managed Care plans – Blue Choice, New West Health Plan, and Peak Health Plan – are

IMPORTANT!

BCBS providers for the Traditional plan is different than the BCBS providers for the Blue Choice plan. A provider may be a member provider on one or both plans.

available to members living in certain areas in Montana. Please see pages 29 through 32 for a complete listing of covered zip codes for each plan.

Blue Choice

This plan is available in most of Western Montana (except Bozeman) and many other towns including Billings, Great Falls, Havre, and Miles City.

New West Health Plan

This plan is available in most of Western Montana (except Bozeman) and many other towns including Billings, Great Falls, Havre, and Miles City.

Peak Health Plan

This plan is available to members in Billings, Butte, Deer Lodge, Miles City, and the surrounding communities.

MEDICAL INSURANCE COST COMPARISONS

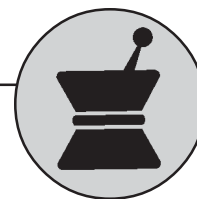
The following medical insurance cost comparisons show how each plan would process the same service, and what costs the plan member would be responsible for paying. The example is **cumulative** with respect to deductibles and coinsurance. The first line of each example shows the total costs to the member. The next three lines show how that cost is divided between copays, costs applied to the deductible, and coinsurance costs. It does not include premium costs, which are outlined on page 6. These examples assume the services were for one member. This is simply an example for ease of plan comparison and is not a guarantee that similar services will process identically.

EMPLOYEES		TRADITIONAL MANAGED CARE PLANS			
Sample Services	Allowable Charge		In-Network	Out-of-Network	
Office visits 1, 2, & 3 (\$50 each)	\$150	You pay ➡	\$75	\$45	\$150
Copay costs				\$45 (\$15/each)	
Costs applied to deductible			\$50*		\$150
Coinsurance costs			\$25		
Lab charges with office visit 1	\$75	You pay ➡	\$75	\$75	\$75
Copay costs					
Costs applied to deductible			\$75	\$75	\$75
Coinsurance costs					
Specialist visit (i.e. dermatologist)	\$200	You pay ➡	\$200	\$15	\$200
Copay costs				\$15	
Costs applied to deductible			\$200		\$200
Coinsurance costs					
Preferred hospital inpatient	\$8,500	You pay ➡	\$1,880	\$2,325	\$2,075
Copay costs					
Costs applied to deductible			\$225	\$325	\$75
Coinsurance costs			\$1,655	\$2,000	\$2,000
Nonpreferred hospital inpatient	\$8,500	You pay ➡	\$3121	N/A	N/A
Copay costs					
Costs applied to deductible			\$225		
Coinsurance costs			\$2,896		

*First two office visits are exempt from the deductible.

PRESCRIPTION DRUG PLAN - 2004

Administered by Eckerd Health Services (EHS) • 1-888-347-5329 • www.ehs.com



Retail Pharmacy Deductible

\$100/Member
\$300/Family

Out-of-Pocket Maximums

Each Prescription \$250
Each Member \$1,400/year
Each Family \$2,800/year

Type of Drug	Local Pharmacy Costs (After Deductible)	Mail Order Pharmacy Costs
Supply Amount	• 30-day maximum	• 90-day maximum
Generic If Rx cost is <\$10 If Rx cost is \$10+	• Actual pharmacy charges • 10% coinsurance (\$10 minimum)	• \$20 copay + 10% of cost over \$400*
Brand, Formulary If Rx cost is <\$18 If Rx cost is \$18+	• Actual pharmacy charges • 20% coinsurance (\$18 minimum)	• \$40 copay + 20% of cost over \$400*
Brand, Nonformulary If Rx cost is <\$26 If Rx cost is \$26+	• Actual pharmacy charges • 30% coinsurance (\$26 minimum)	• \$60 copay + 30% of cost over \$400*

* For prescriptions costing more than \$400 for a 90-day supply, call Eckerd Health Services to determine the total out-of-pocket cost.

GENERAL INFORMATION

INSTRUCTIONS

No separate enrollment is required.

WHO IS ELIGIBLE?

The Prescription Drug Plan is an add-on benefit for state employees. Any member enrolled in a medical insurance plan will automatically receive this plan, however, there is a one year waiting period for those employees new to State employment in 2004 unless a certificate reflecting previous prescription coverage is provided. There is no separate premium for this plan.

PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy or a mail-order pharmacy.

Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Prescriptions filled at a retail pharmacy are subject to a \$100 per person or \$300 per family deductible. Deductible does not apply to Multiple Sclerosis or compound drugs. If you use a pharmacy in the EHS Preferred Network and have met your deductible, you only pay the plan copay and any coinsurance. You will have no unallowed charges.

Network pharmacy listings can be found on pages 27-29 of this booklet and are subject to change.

Up to date network pharmacies can be found at the EHS web site: www.ehs.com.

Mail-Order Pharmacies

You may obtain up to a 90-day supply of all covered prescriptions. Mail order pharmacies are: Express Pharmacy Services (1-888-347-5329) or Ridgeway Pharmacy (1-800-630-3214). Mail order forms are available at Employee Benefits or at the Eckerd Health Service Website at www.ehs.com.

PRESCRIPTION COSTS

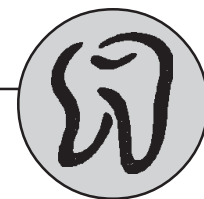
Please refer to the chart above for information on prescription drug costs.

PRIOR AUTHORIZATIONS

Some drugs require prior or special authorization. Contact EHS to inquire if this may apply to your prescription.

For information on drug prior authorizations, vacation overrides, or any other questions, call EHS at 1-888-347-5329.

DENTAL PLAN - BENEFIT YEAR 2004



Administered by Blue Cross/Blue Shield of Montana
1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

Deductible

\$50/Member
\$150/Family

Monthly Premiums

Member only	\$28.60
Member and spouse	\$34.60
Member and children	\$41.60
Member and family	\$46.60
Joint Core	\$32.60

Enrollment/Change Form Parts I & 4: Dental



Covered Services

Type A: Preventive and Diagnostic

Plan Pays

• 100%**

Limitations/Maximums

- One full-mouth X-ray or series in any 36-month period.
- One set of supplementary bitewing X-rays in any 180-day period.
- Two exams and/or cleanings in any benefit year. (Fluoride application covered through age 19.)
- No deductible or yearly dollar maximum apply.

Type B: Fillings, Oral Surgery, etc.

• 80%**

- Subject to \$50 combined (with type C) deductible
- Subject to \$1,000 combined (with type C) yearly maximum

Type C: Dentures, Bridges, etc.

• 50%**

- Subject to \$50 combined (with type B) deductible
- Subject to \$1,000 combined (with type B) yearly maximum
- Replacement crowns and dentures are limited to once every five years.
- Dental sealants – limited to covered dependents under age 16 – may be applied to molars once per tooth per lifetime.

**Of allowable charges.

INSTRUCTIONS

1. Read about the Dental Plan in the General Information section on this page.
2. Review the costs and coverage of the plan, and decide if dependent dental coverage is right for your household.
3. Mark which dependents you choose to cover by completing Parts I & 4 of the Enrollment/Change Form.

WHO IS ELIGIBLE?

Employees are required to elect dental insurance unless they waive benefits. You may also choose which dependents may receive coverage within 31 days of your date of hire or within 63 days of a qualifying event such as a marriage, birth, or adoption. Adding a dependent to the plan requires the submission and approval of an application, except for children under 3 years of age. Applicants will be required to have outstanding dental problems identified during the application exam and corrected before joining the plan.

Dental plan benefits are paid differently depending on the type of service received.

There is a \$50 per member, \$150 family deductible for Type B & C services only.

Each member and dependent has a maximum yearly benefit of \$1,000 for Type B & C services only.

If you use a Blue Cross participating

dentist, you will not be responsible for costs beyond the allowable charges for covered services.

TYPE A SERVICES

The Dental Plan pays 100 percent of the allowable charges for Type A Services and are not subject to deductible:

1. Diagnostic – Dental X-rays required in connection with the diagnosis of a specified condition requiring treatment. Dental X-rays are limited to one full mouth X-ray or series in any 36-month period and one set of supplementary bitewing X-rays in any 180-day period.

2. Preventive – Oral examination, including prophylaxis (cleaning) and topical application of fluoride for dependent children under 19 years of age, but *not more than two examination and/or application in any benefit year.*

3. Unscheduled minor emergency treatment to relieve pain.

TYPE B SERVICES

The Dental Plan pays 80 percent of the allowable charges (after deductible) for Type B Services:

1. Passive space maintainers
2. Extractions
3. Fillings
4. Mucogingivoplastic surgery
5. Endodontics
6. Periodontics
7. Oral surgery

TYPE C SERVICES

The Dental Plan pays 50 percent of the allowable charges (after deductible) for Type C Services:

1. Crowns, bridge abutments (bridge retainers crowns), inlays, onlays, pontics and gold and porcelain fillings. Replacement of crowns is limited to once every five years.
2. Bridges.
3. Repair and rebasing of existing dentures.
4. Initial and replacement dentures, limited to no more than one set of replacement dentures in any 5-year period.
5. Up to \$1,500 per person, per lifetime for Dental Implants while under the plan. Maximum separate from yearly maximum. All related services included in maximum and payable at 50% of allowed charges.
6. Dental sealants, limited to covered dependents under age (16) applied to molars once per tooth per lifetime. Repair and resealing are not covered.

Type C Limitations

Type C Services (except replacement dentures) are payable after 12 months of continuous coverage under the Plan. Replacement dentures are payable after 36 months of continuous coverage (waiting periods may be eliminated or reduced by a Previous Coverage Credit).

VISION PLAN - 2004

Administered by VSP Well Vision
1-800-877-7195 • www.vsp.com



Monthly Premiums

Member only	\$ 7.85
Member and spouse	\$12.40
Member and children	\$12.65
Member and family	\$20.40

**Complete the
Enrollment/Change
Form - Parts 1 & 4**



Covered Services	Frequency	Coverage from a VSP Doctor	Out of Network Reimbursement
Eye Exam	12 months	\$10 copay	Up to \$45 allowance
Frames	24 months	Up to \$120 allowance	Up to \$47 allowance
Lenses	24 months	\$20 copay applied to lenses & frame	Up to \$45 allowance - single vision Up to \$65 allowance - lined bifocal Up to \$85 allowance - lined trifocal
Contact Lenses	24 months	Up to \$105 allowance	Up to \$105 allowance

GENERAL INFORMATION

WHO IS ELIGIBLE?

Employees, spouses, and children are eligible if you elect to have this coverage.

INSTRUCTIONS

Review the premiums found above and complete sections 1 & 4 of the Enrollment/Change Form.

Using Your VSP Benefit

To access your benefits, you simply make an appointment with a VSP doctor, tell the doctor you are a VSP member when you set the appointment, and provide the doctor with the covered member's identification number. VSP and the doctor will handle the rest by verifying your benefits and eligibility for services.

Locating your VSP Doctor

There are two convenient ways to locate a VSP doctor near your home or office or to verify that your doctor is a VSP doctor. You can check the Web Site at www.vsp.com or call member services at 800-877-7195.

Value Added Discounts

Laser Vision Care - VSP has contracted with many of the nation's finest laser surgery facilities and doctors, offering you a discount off PRK & LASIK surgeries, available through contracted laser centers. Visit VSP's Web Site to learn more.

Contact Lenses - VSP offers valuable savings on annual supplies of certain brands of contacts. You can receive these VSP member preferred prices, even if you use your coverage for glasses. Visit the Web Site or ask your doctor for details.

Prescription Glasses - Receive 20 percent savings when you purchase non-covered pairs of prescription glasses, including prescription sunglasses from the same VSP doctor within 12 months of your last exam.

Out-Of-Network Providers

Although more than 90 percent of VSP members receive care from VSP doctors, you have the option of seeing an out-of-network provider. If you see an out-of-network provider, be aware your out-of-network benefits do not guarantee full payment. For out-of-network reimbursement, pay the entire bill when you receive services, then send your itemized receipt to VSP within six months from your date of service. Included with your receipt should be the covered member's name, phone number, address, member ID, the name of the group, the patient's name, date of birth, phone number and address, and the patient's relationship to the covered member. Send to: VSP, PO box 997105, Sacramento, CA 95899-7105.

LIFE INSURANCE PLAN - 2004

Administered by Standard Insurance Company
For information, call the Employee Benefits Bureau • 1-800-287-8266 or 444-7462



Life Insurance Enrollment/Change Form



Monthly Premiums

Plan A: Basic Life (\$14,000)	\$2.80
Plan B: Dependent Life	\$0.52
Plan C: Optional Employee Life	(Age Rate) x (every \$1,000 of coverage)
Plan D: Optional Spouse Life	(Age Rate) x (every \$1,000 of coverage)
Plan E: Accidental Death & Dismemberment (Employee only)	\$0.040/\$1,000 of coverage
Plan E: Accidental Death & Dismemberment (Employee plus dependents)	\$0.055/\$1,000 of coverage

Age Rates

Based on employee's age the last day of month

<30 ...\$0.03
<35 ...\$0.05
<40 ...\$0.08
<45 ...\$0.10
<50 ...\$0.15
<55 ...\$0.23
<60 ...\$0.43
<65 ...\$0.66
65+ ...\$0.98

GENERAL INFORMATION

WHO IS ELIGIBLE?

The Basic Life Insurance Plan is a core benefit for all active employees. Optional life insurance and Accidental Death & Dismemberment (AD&D) is available for employees, spouses, and dependents.

eligible. It's usually best to choose other life insurance if you want post-employment protection. However, conversion to a higher-cost individual plan is available if requested at the time life coverage terminates.

The employee must be enrolled in Plan C for their spouse to be eligible for Plan D. Coverage is available for a minimum of \$5,000. Additional amounts are available in \$5,000 increments, up to the amount of your coverage available under Plan C.

INSTRUCTIONS

1. Read about the various plans in the General Information section on this page.
2. Evaluate your family's need for term life insurance and AD&D.
3. Review each plan's costs above.
4. Make your selection by completing the Life Insurance Enrollment/Change Form.

LIFE AND AD&D INSURANCE PLANS

Life Insurance is a type of insurance which provides a sum of money if the person who is insured dies while the policy is in effect.

Accidental Death & Dismemberment (AD&D) provides a sum of money if the insured dies or suffers a dismemberment as the result of an accident.

CHOOSE FROM FIVE PLANS

The State of Montana offers five plans of coverage. The life insurance plans offered are term life plans, meaning they provide inexpensive protection but do not accrue any cash value. A member is eligible to carry all life plans until termination or retirement.

At termination, no life plans may be continued through COBRA.

At retirement, only Plan A – Basic Life can be continued until age 65 or Medicare

Plan A – Basic Life

This plan provides \$14,000 of term-life coverage. It is a core benefit for all active state employees.

Plan B – Dependent Life

This plan is only available during your initial 31-day enrollment period, or within the first 63 days of acquiring a spouse or your first child. Plan B offers \$2,000 of coverage for spouses and \$1,000 of coverage for each dependent child.

Plan C – Optional Employee Life

This plan offers an insurance minimum of your annual salary rounded to the next highest \$5,000. This amount is available without carrier approval if you enroll during your initial 31-day enrollment period. Plan C coverage is automatically adjusted in \$5,000 increments as the employee's salary increases.

Additional amounts are available in \$5,000 increments, up to \$200,000. These additional amounts require evidence of insurability to be submitted and approved.

Plan D – Optional Spouse Life

This plan offers insurance on your spouse's life and requires evidence of insurability to be submitted and approved.

Plan E – Optional Accidental Death & Dismemberment

This plan is available without evidence of insurability.

Employee Only: Coverage is available between a minimum of \$25,000 and a maximum of \$200,000, in \$25,000-increments. The coverage may not exceed 10 times your annual salary.

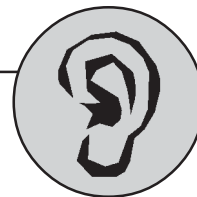
Employee and Dependents: The employee receives the same coverage as described above. A spouse with no children is eligible for 50 percent of the employee coverage. A spouse with children is eligible for 40 percent of the employee coverage. Children are eligible for 10 percent of the employee coverage.

IMPORTANT!

Rates increase by five-year increments, so costs automatically increase when the employee moves into the next five-year age bracket.

EMPLOYEE ASSISTANCE PROGRAM - 2004

Administered by APS Healthcare • 1-800-999-1077 or 443-1127 in Helena • www.apshealthcare.com



Covered Services

Short-term Services
Counseling
Legal and Financial Consultations

Long-term Services
Counseling
Psychiatric Services
Chemical Dependency Services

Costs

- Free
- Free
- 25% with APS referral
- 25% with APS referral
- 25% with APS referral

Annual Maximums

- 4 visits per issue
- 40 outpatient visits
- 40 outpatient visits
- 40 outpatient visits

*Inpatient and Non-referred Services are covered in the Mental Health section of the Annual Benefit Plan Summary.

GENERAL INFORMATION

WHO IS ELIGIBLE?

The Employee Assistance Plan is an add-on benefit for all state employees enrolled in a medical insurance plan. There is no separate premium for this plan, and it includes all dependents living in your household.

INSTRUCTIONS

No separate enrollment is required.

SHORT-TERM BENEFITS

You or your dependents are entitled to four free visits per issue each year with a counselor who holds a Master's Degree or higher. All visits are completely confidential. APS counselors advise plan members in areas such as money management, grief, coping with stress, family difficulties, and work-related issues. If you are in a crisis situation or just want to talk to someone quickly and confidentially, call APS anytime.

APS also offers free legal consultations and referrals, free financial consultations, case management, maternity management, hospitalization notification, supervisor and work unit training. To access any of those services, call APS.

LONG-TERM BENEFITS

If a plan member involved in short-term counseling needs a higher level of care or long-term counseling, APS will initiate a referral for the appropriate care. See your medical plan for coverage of longer-term services such as psychiatric care, chemical dependency, and longer-term counseling.

Plan members will receive a better benefit for outpatient visits when they first obtain an APS referral.

By utilizing these services provided by APS at no direct cost to the member, the plan also experiences cost savings, which are ultimately passed on to all of the plan participants.

MANAGED CARE MEMBERS

Managed care members do not need a referral to use APS for short-term counseling needs. Please contact your plan administrator to determine referral requirements prior to receiving long-term benefits.

HELP IS HERE!

For crisis counseling, or to make an appointment, call APS at

1-800-833-3031

(24 hours a day, 7 days a week)

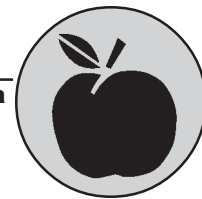
Helena residents may call

443-1127

(weekdays, 8 a.m. to 5 p.m.)

WELLNESS PROGRAMS - 2004

Provided by the State of Montana Employee Benefits Bureau • 1-800-287-8266 or 444-7462 in Helena
www.state.mt.us/doa/spd/benefits/Wellness/wellness.asp



WHO IS ELIGIBLE?

All employees enrolled in the State's Medical Insurance Plan are eligible to

participate in most of the Wellness Programs. Some programs offered through the Wellness Program are even available to

subscriber spouses; see program descriptions below.

GENERAL INFORMATION

INSTRUCTIONS

No separate enrollment is required.

The Wellness Program is designed to assist plan members in maintaining or enhancing their health. The program includes the following options:

HEALTH SCREENINGS

This program offers confidential individual health risk screenings and assessments for:

- glucose, cholesterol, HDL, LDL, and triglycerides;
- blood pressure (using advanced intellisense technology)
- computerized body composition analysis
- colon cancer screening kits
- optional flu shot (for a fee)
- optional osteoporosis/bone density screenings (for a fee).

Your computerized health screening results are available directly after your screening. Lab and health risk assessment results will be available for both the employee and the employee's physician as well as information on risk reduction through life-style modifications.

Fees

The health screening is offered free once every two years to primary subscribers of the state medical plan. For a nominal fee, the screenings may be obtained on an annual basis by subscribers and spouses enrolled in the medical plan.

SPRING FITNESS

This is a pedometer walking program for teams of co-workers which track their steps along the Lewis and Clark trail. The participating teams will not only be improving their fitness level but will also improve their stress management and morale while learning about the rich history of our beautiful state.

WEIGHT WATCHERS

This program offers partial fee reimbursements for folks who want to slim down and get more active.

Fee Reimbursements

Qualifying participants will be reimbursed for

- half of a 13-week session of the Weight Watchers At Work Program, or
- half of a 14-week session of the Weight Watchers Traditional Program.

Maximum biannual reimbursement will be \$71.17 for the 13-week At Work Program, or \$69.65 for the 14-week Traditional Program.

Weight Qualifications

To qualify for the program, men must be at least 10 percent over the maximum weight for their age (chart available on the Wellness Program web site, or by calling the Employee Benefits Bureau). Women must be 10 percent over the maximum weight for their age, minus 4 pounds. You may also qualify with a recommendation for weight loss from either APS or your Health Screenings results, or with a written prescription from a physician for weight loss due to diabetes, high blood pressure, or high cholesterol.

Participation Qualifications

To receive the partial fee reimbursement, you must attend at least 75 percent of the classes, achieve the 10 percent weight loss goal set in advance by the Weight Watchers instructor, and exercise at least three times a week (documentation required).

For more information on program qualifications and reimbursement instructions, contact the Wellness Program.

SMOKING CESSATION HELP

Employees who want to stop smoking may be partially reimbursed once every two years for participation in a smoking cessation class.

Fee Reimbursement

If you meet the qualifications, you may receive reimbursement once every two years for half the cost of the class, up to a maximum of \$70.

For more information, visit the Wellness Program's web site or call the Employee Benefits Bureau.

Participation Qualifications

- The class must be approved by the American Lung Association.
- You must attend at least 75 percent of the classes.
- Your supervisor must sign a form stating that, to the best of their knowledge, you have quit smoking.

BROWN BAG LEARNING SERIES

Throughout the year, educational lunch-time talks are offered by local experts at convenient work-site locations. A variety of healthy topics are covered, including nutrition and dieting, sports safety, disease prevention, and local activities. Notification of topics, locations, and times will be sent via email to payroll technicians.

WALKING PATH

Spend your lunch break strolling on this one-mile walking path located on the Capital Complex, or determine your own walking route! Breathing in the fresh air and admiring the beautiful landscaping will help clear your mind, exercise your body, and ease your stress level.

HEALTH CLUB DISCOUNTS

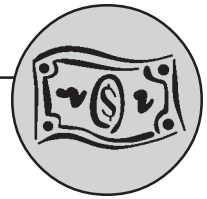
Most local health clubs offer a discount for State of Montana employees. Ask your local health club for more information.

MORE INFORMATION

Visit the Wellness Program web site listed above for more information on these programs plus many other healthy-living tips.

PRE-TAX PLAN - 2004

Administered by the State of Montana Employee Benefits Bureau
1-800-287-8266 or 444-7462 in Helena



WHO IS ELIGIBLE?

All employees enrolled in the State Employee Benefit Plan are eligible to participate in the Pre-tax Plan. Enrollment is automatic, unless an employee elects not to participate in the plan. Employees who enroll in a Flexible Spending Account are required to participate in the Pre-tax Plan.

LOSS OF ELIGIBILITY

If the employee divorces, their spouse and any stepchildren will lose their eligibility.

Dependent children will lose their eligibility if/when the last dependent child turns 25 years old, marries, or gains employment offering similar coverage. Dependents losing eligibility for coverage due to divorce or turning age 25 will lose coverage on the last day of the month in which the event occurs. Dependent children losing eligibility for coverage due to marriage will become ineligible at the end

of the month for which a partial or full premium has been paid. Dependent children losing eligibility will become ineligible on the last day of the pay period in which the event occurs.

INSTRUCTIONS

1. Read about the Pre-tax Plan in the General Information section on this page.
2. Decide if you want to participate in the Pre-tax Plan.
3. If you would like to participate, complete the Pre-tax (Premium Payment Plan) portion in Part 1 of the New Enrollment/ Change Form.



**Enrollment/Change Form
Part 1: Premium Payment Plan
also known as Pre-tax Plan**

GENERAL INFORMATION

The State offers benefits to employees who are eligible through a cafeteria plan as authorized by Section 125 of the Internal Revenue Code. The Pre-tax Plan allows you to pay for your portion of most of your insurance elections on a pre-tax basis, and save money on your taxes. If the state contribution covers your insurance elections entirely, you do not pay premiums out-of-pocket. If so, you do not need to participate in the Pre-tax Plan, unless you have a Flexible Spending Account. Benefit Plan members enrolled in a Flexible Spending Account must participate in the Pre-tax Plan.

ELIGIBLE BENEFITS

Premiums for the State's insurance plans for medical, dental, accidental death & dismemberment (AD&D), and up to \$50,000 in employee term life may be paid pre-tax through the Pre-tax Plan.

INELIGIBLE BENEFITS

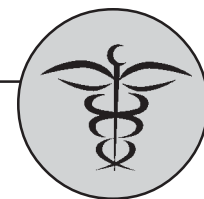
Employee term life insurance coverage over \$50,000, dependent life insurance coverage, supplemental spouse life insurance coverage and Long-Term Care insurance coverage, are defined by IRS code as taxable benefits and are excluded from the Pre-tax Plan.

WHAT'S THE CATCH?

According to a new interpretation of IRS rules, a potential drawback of the Pre-tax Plan is that no refund of overpaid premiums is available. This means you must notify the Employee Benefits Bureau right away if a dependent spouse or child loses eligibility for coverage. If you do not notify the EBB of a loss of eligibility, and more premiums are taken out of your check than you owe, no refund of premiums is available. Also, remember that gross earnings for purposes of determining social security benefits are reduced by pre-tax reductions.



FLEXIBLE SPENDING ACCOUNTS - 2004



Administered by ASI • 1-800-659-3035 • FAX 1-573-874-0425 • www.asiflex.com

WHO IS ELIGIBLE?

Active employees eligible for State benefits are eligible for the Flexible Spending Account (FSA) Program.

After your initial enrollment (within 31 days of hire), there are limited opportunities to change your election during the plan year. Contributions can only be changed if you experience a family status change such as:

- marriage;
- divorce;
- birth of a baby;
- adoption of a baby;
- death of spouse/dependent child, or;
- a change in employment status which warrants the change.

The change must be “on account of” and “consistent with” the change in family status. For example, new dependents warrant increasing a medical FSA,

not decreasing it. The change must be made within 63 days of the qualifying event.

INSTRUCTIONS

1. Read about FSAs in the General Information section on this page.
2. Assess whether a medical or dependent care FSA would benefit you by reviewing the criteria on page 22.
3. Use the “Electing a Medical FSA Amount” work sheet on page 23 to calculate your household’s predictable out-of-pocket medical, dental, and vision expenses for 2004.
4. Use the “How Much Money Should Go Into My Dependent Care FSA?” work sheet on page 23 to calculate your household’s predictable day care expenses for children and/or dependent parents.

IMPORTANT!

You must re-enroll each year to participate in a Flexible Spending Account. Enrollment is **not** automatic!

5. If needed, consult your tax preparer about your specific tax situation.

6. Make your selection by completing the Flexible Spending Accounts Enrollment/Change and Salary Reduction Agreement Form.

Flexible Spending Account Enrollment/Change and Salary Reduction Form



GENERAL INFORMATION

HOW FSAS WORK

Flexible Spending Accounts (FSAs) work very much like tax-favored savings accounts. You can enroll in a Medical FSA to pay for family medical expenses not covered by insurance, and a dependent care FSA to pay for day care expenses.

You decide how much money you want to deposit in the FSA for the benefit year. That amount is then divided by 12 to determine the monthly election amount. Your selected amount is removed from your paychecks in 24 installments, first from any unused state contribution, and then from gross pay (before taxes) and deposited into your FSA. As you incur eligible expenses, you turn in a simple claim and receive payment. There is a monthly \$2.16 administration fee for one or both FSAs (\$25.92 per year).

WHAT'S THE CATCH?

Set aside only as much as you think you will need – IRS regulations require any unused contributions to be forfeited.

After you have incurred a qualifying expense, you will file a claim with ASI, who will then reimburse you for the claimed amount. ASI processes claims daily, no later than the first business day after they receive your claim. An expense is considered incurred when the services are provided or the products are ordered. Expenses must be incurred during the plan year. This may or may not be the same time that you are billed or pay for the services or products.

Use It or Lose It!

Any money not used for qualified expenses incurred during the plan year is forfeited. This is known as the “use it or lose it” provision of Section 125 of the IRS code. Therefore, be conservative and accurate when estimating expenses for the plan year.

The Medical and Dependent Care FSAs are separate accounts. If you enroll in both, you may not use funds deposited in the Medical FSA for dependent care expenses, or vice-versa.

Getting Reimbursed

To be reimbursed for qualified expenses, submit a claim form and expense receipt (i.e. Explanation Of Benefits or day care provider receipt) to ASI either by fax or mail at the address listed on the claim form. ASI will send reimbursement within 24 hours of receiving your expense claim. ASI mails claim forms when you sign up for an FSA; the forms are also available on ASI's web site.

TAX ISSUES

Since you receive pre-tax treatment on the money you place in an FSA, you cannot claim the items reimbursed to you through an FSA on your tax return. Health care expenses paid through an FSA are 100 percent tax exempt. On your tax return, non-FSA medical expenses are only deductible if they exceed 7.5 percent of your adjusted gross income. For most families, a Medical FSA provides more tax benefit. Please consult your tax advisor for more information.

Because day care expenses are typically much greater than predictable out-of-pocket medical expenses, Dependent Care FSAs typically generate the greatest tax savings.

Dependent FSA or Child Care Credit?

Generally, families with an adjusted gross income of \$31,000 or who pay more than \$3,000 for only one child in care will save more money with the flexible spending plan. However, you should check with your tax advisor concerning your circumstances. You cannot use the child care credit for any amounts reimbursed through the plan.

WILL A MEDICAL FSA ACCOUNT HELP YOU?

Medical FSAs may be used to reimburse out-of-pocket medical expenses (expenses not paid by insurance) which are allowed as medical deductions by the IRS on your federal tax return. The full amount you elect for the plan year is available after the first contribution is deposited, even though the full amount is not yet collected.

Over the counter drugs and medicines purchased to treat an existing or imminent medical condition qualify as a covered medical expense. Check ASI's website for claim reimbursement details.

If you answer "yes" to any of the following questions, and you pay income taxes, a Medical FSA can save you money.

☐ Is anyone in your family planning on getting a hearing aid, contact lenses or glasses, or laser eye surgery?

☐ Do you expect to pay deductibles, coinsurance, or copayments under your medical and prescription drug insurance plans?

☐ Is anyone in your family planning on noncosmetic orthodontia treatment during the next year?

☐ Are you or another family member due for a crown or bridge work which requires a 50 percent copay?

Qualifying Health Care Expenses

For a complete list of qualifying health care expenses, refer to IRS Publication 502. Some examples include:

- Eye exams, contact lenses, contact lens solution, glasses, LASIK surgery
- Dental exams, cleanings, fillings, crowns, braces
- Chiropractic care

☐ The amount to be reimbursed must not be greater than your or your spouse's annual earnings, whichever is lower.

☐ A dependent child must be younger than 13 and dependent upon you for at least 50 percent of his/her financial support. Care may be provided either inside or outside your home, but may not be provided by anyone considered your dependent for income tax purposes, such as an older child.

☐ A dependent adult must be physically or mentally incapable of caring for himself or herself and must be dependent upon you for at least 50 percent of his or her financial support. Care may be

provided either inside or outside your home. However, expenses outside your home are eligible only if the dependent regularly spends at least eight hours each day in your household.

Unlike the Medical FSA, Dependent FSA claims are reimbursed only after contributions have been deposited in the account.

Qualifying Day Care Expenses

For a complete list of qualifying day care expenses, refer to IRS Publication 503. Some examples include:

- Day care centers (must comply with state and local laws)
- Baby-sitters
- Preschool (before Kindergarten)
- General-purpose day camps

Ineligible Day Care Expenses

- Food or transportation
- Activity fees
- Education expenses (Kindergarten or higher)
- Overnight camps (including daytime portion)
- Private school tuition (Kindergarten or higher)



CLICK ON IT!

ASI's web site offers a wealth of resources for FSA participants:

- Find out how to file a paper claim, or print out a claim form.
- Look up the IRS guidelines of allowed services, including information regarding orthodontia, prescription eye wear, and contact lens solution claims.
- Print a form to sign up for direct deposit to your bank account, and get a personal e-mail notice of each deposit.
- Find out the status of your account using a personal identification number (PIN), which is printed on your ASI confirmation statement.

www.asiflex.com

- Prescription drugs and insulin
- Hearing aids and exams
- Routine doctor visits
- Copays and deductibles

Ineligible Health Care Expenses

- Insurance premiums
- Warranties
- Service agreements
- Cosmetic procedures or products
- Health club dues
- Vitamins, nutritional supplements and herbs

DO YOU QUALIFY FOR A DEPENDENT CARE FSA?

The costs of child care and the care of dependent adults unable to care for themselves are very predictable. That predictability helps you determine how much money to put into a Dependent Care FSA. Under governing IRS statutes, the child care necessary for you and your spouse (if married) to work or attend school full time could be reimbursed from a Dependent Care FSA under the following circumstances:

FSA WORK SHEETS

ELECTING A MEDICAL FSA AMOUNT

This work sheet will help you decide an appropriate annual election for a Medical FSA. It can also be used to estimate the tax savings you will receive by using a Flexible Spending Account. Estimate your total annual health care expenses for the 2004 plan year (January 1 - December 31) based on expenses to date and any additional expenses expected before December 31. For this information, refer to medical bills, financial and bank records, and this year's Explanation of Benefits statements (EOBs).

Insured Expenses	2003	Estimated 2004
Insurance deductibles	\$ _____	\$ _____
Insurance copayments	\$ _____	\$ _____
Dental copayments	\$ _____	\$ _____
Expenses beyond benefit limitations/coinsurance	\$ _____	\$ _____

Uninsured Expenses

Immunizations, vaccinations	\$ _____	\$ _____
Birth control expenses	\$ _____	\$ _____
Routine exams and physicals not covered by insurance	\$ _____	\$ _____
Noncosmetic orthodontic expenses	\$ _____	\$ _____
Vision exams	\$ _____	\$ _____
Eyeglasses & contacts	\$ _____	\$ _____
Hearing exams	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Total projected out-of-pocket expenses for 2004 \$ _____

**Total out-of-pocket expenses you are sure of
and want to pay through a Medical FSA** \$ _____

HOW MUCH MONEY SHOULD GO INTO MY DEPENDENT CARE FSA?

Use this work sheet to determine an appropriate Dependent Care FSA election.

Monthly Care Expenses	Estimated 2004
Infant/toddler	\$ _____
Preschool	\$ _____
Before and after school care	\$ _____
School vacations/holidays	\$ _____
Other dependent care	\$ _____
Total Monthly Expenses	\$ _____
	x 12

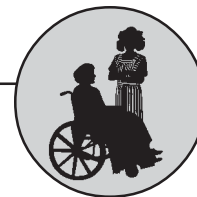
Total Annual Estimated Care Expenses= _____

IMPORTANT!

Please be sure this amount
divides by 24 evenly
(the number of
deductions in the plan year)
or by the number of
deductions in the
Election Period
(see Enrollment/Change
Form), if enrolling
midyear.

LONG-TERM CARE INSURANCE PLAN - 2004

Provided by UNUM Life Insurance Company
1-800-227-4165 • www.unum.com/enroll/stateofmontana



WHO IS ELIGIBLE?

Employees, spouses, parents, and parents in-law are eligible for the Long-Term Care Insurance Plan. This plan may be elected, changed, or dropped at anytime.

INSTRUCTIONS

1. Read about the plan in the General Information section on this page.
2. Determine you and your family's long-term care needs, and whether this plan will meet those needs.
3. Review the plan's rates in the Long-Term Care Insurance Plan Rates section on pages 25 and 26.
4. If you would like to sign-up for the plan, you may request an enrollment kit by calling the Employee Benefits Bureau at 1-800-287-8266 or 444-7462 in Helena.

GENERAL INFORMATION

LONG-TERM CARE OPTIONS

The Long-Term Care Insurance Plan offers a variety of options, all of which affect the monthly premium. These options are:

- Care types
- Monthly benefit amounts
- Care durations
- Inflation protections

Types of Care

Plan 1: Facility (Nursing Home or Assisted Living)

Plan 2: Facility plus Professional Home Care (provided by a licensed home health organization)

Plan 3: Facility plus Professional Home Care plus Total Home Care (provided by anyone, including family members)

Monthly Benefit Amounts

- Nursing home monthly benefit amounts of \$1,000, \$2,000, \$3,000, \$4,000, \$5,000 or \$6,000 are available.

- Assisted living facility monthly benefit amounts total 60 percent of the selected nursing home amount

- Home care monthly benefit amounts total 50 percent of the selected nursing home amount.

Duration

Three Year: Provides 3 years nursing home care, 5 years assisted living facility care, or 6 years home care.

Six Years: Provides 6 years nursing home care, 10 years assisted living facility care, or 12 years home care.

Unlimited: Provides an unlimited amount of care at a nursing home, assisted living facility, or a home.

IMPORTANT CONVERSION NOTICE!

When you are no longer an active employee, you have 31 days to request a conversion form from the Employee Benefit Bureau. This converts you to an individual policy at the same rates.

Inflation Protection

Yes: An inflation protection of 5 percent will be compounded annually.

No: No inflation protection will be provided.

LONG-TERM CARE INSURANCE RATES

**For rates
with Inflation
Protection,
see page 27**

Rates shown are for a \$1,000 Monthly Facility Benefit.
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

PLAN 1 Long-Term Care Facility Non-forfeiture

PLAN 2 Long-Term Care Facility Non-forfeiture Professional Home Care

PLAN 3 Long-Term Care Facility Non-forfeiture Total Home Care

Benefit Duration		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited
Age	18 - 30	1.70	2.10	2.80		2.60	3.40	4.70		4.00	5.30	7.60
	31	• 1.70	• 2.20	• 2.80	•	• 2.60	• 3.50	• 4.70	•	• 4.00	• 5.50	• 7.70
	32	• 1.70	• 2.20	• 2.90	•	• 2.60	• 3.60	• 4.90	•	• 4.10	• 5.60	• 7.90
	33	• 1.80	• 2.30	• 2.90	•	• 2.70	• 3.70	• 5.00	•	• 4.20	• 5.70	• 8.00
	34	• 1.80	• 2.30	• 3.00	•	• 2.80	• 3.70	• 5.10	•	• 4.30	• 5.80	• 8.20
	35	• 1.90	• 2.40	• 3.10	•	• 2.90	• 3.90	• 5.20	•	• 4.40	• 6.00	• 8.50
	36	• 1.90	• 2.60	• 3.20	•	• 2.90	• 4.00	• 5.40	•	• 4.50	• 6.20	• 8.70
	37	• 2.00	• 2.70	• 3.30	•	• 3.10	• 4.20	• 5.60	•	• 4.70	• 6.40	• 9.00
	38	• 2.10	• 2.80	• 3.40	•	• 3.20	• 4.30	• 5.80	•	• 4.90	• 6.70	• 9.30
	39	• 2.20	• 2.90	• 3.60	•	• 3.40	• 4.50	• 6.00	•	• 5.10	• 6.80	• 9.60
	40	• 2.30	• 3.00	• 3.80	•	• 3.50	• 4.60	• 6.20	•	• 5.20	• 7.10	• 10.00
	41	• 2.40	• 3.10	• 4.00	•	• 3.60	• 4.80	• 6.60	•	• 5.50	• 7.40	• 10.40
	42	• 2.50	• 3.30	• 4.00	•	• 3.80	• 5.00	• 6.70	•	• 5.70	• 7.70	• 10.70
	43	• 2.60	• 3.40	• 4.30	•	• 3.90	• 5.30	• 7.10	•	• 5.90	• 8.00	• 11.20
	44	• 2.70	• 3.60	• 4.50	•	• 4.10	• 5.50	• 7.40	•	• 6.20	• 8.40	• 11.80
	45	• 2.90	• 3.80	• 4.70	•	• 4.30	• 5.80	• 7.70	•	• 6.50	• 8.80	• 12.30
	46	• 3.00	• 4.00	• 5.00	•	• 4.50	• 6.10	• 8.10	•	• 6.80	• 9.30	• 12.90
	47	• 3.30	• 4.20	• 5.30	•	• 4.70	• 6.30	• 8.50	•	• 7.10	• 9.80	• 13.60
	48	• 3.40	• 4.50	• 5.60	•	• 4.90	• 6.70	• 8.80	•	• 7.50	• 10.30	• 14.30
	49	• 3.70	• 4.70	• 5.90	•	• 5.20	• 6.90	• 9.20	•	• 7.90	• 10.80	• 15.10
	50	• 3.90	• 5.10	• 6.30	•	• 5.40	• 7.30	• 9.70	•	• 8.30	• 11.40	• 16.00
	51	• 4.20	• 5.40	• 6.80	•	• 5.80	• 7.60	• 10.20	•	• 8.90	• 12.10	• 16.90
	52	• 4.50	• 5.80	• 7.20	•	• 6.10	• 8.10	• 10.80	•	• 9.50	• 12.90	• 18.00
	53	• 4.80	• 6.20	• 7.70	•	• 6.50	• 8.50	• 11.30	•	• 10.00	• 13.50	• 19.00
	54	• 5.10	• 6.60	• 8.20	•	• 6.80	• 9.00	• 11.90	•	• 10.50	• 14.30	• 20.10
	55	• 5.50	• 7.10	• 8.70	•	• 7.30	• 9.60	• 12.50	•	• 11.20	• 15.30	• 21.20
	56	• 6.00	• 7.70	• 9.50	•	• 7.70	• 10.20	• 13.40	•	• 11.90	• 16.30	• 22.80
	57	• 6.50	• 8.40	• 10.30	•	• 8.30	• 10.90	• 14.20	•	• 12.80	• 17.50	• 24.40
	58	• 7.10	• 9.10	• 11.20	•	• 8.90	• 11.70	• 15.20	•	• 13.60	• 18.70	• 26.10
	59	• 7.80	• 9.90	• 12.20	•	• 9.50	• 12.60	• 16.30	•	• 14.70	• 20.00	• 28.00
	60	• 8.50	• 10.80	• 13.30	•	• 10.30	• 13.40	• 17.40	•	• 15.70	• 21.40	• 30.00
	61	• 9.40	• 12.00	• 14.70	•	• 11.20	• 14.70	• 19.00	•	• 17.00	• 23.40	• 32.60
	62	• 10.50	• 13.30	• 16.20	•	• 12.30	• 16.00	• 20.50	•	• 18.40	• 25.20	• 35.20
	63	• 11.60	• 14.70	• 18.00	•	• 13.40	• 17.50	• 22.50	•	• 19.90	• 27.40	• 38.40
	64	• 12.90	• 16.40	• 19.90	•	• 14.80	• 19.20	• 24.50	•	• 21.70	• 29.90	• 41.70
	65	• 15.00	• 18.90	• 22.90	•	• 16.80	• 21.80	• 27.70	•	• 24.20	• 33.40	• 46.60
	66	• 16.60	• 20.90	• 25.40	•	• 18.50	• 24.00	• 30.40	•	• 26.10	• 36.10	• 50.50
	67	• 18.60	• 23.40	• 28.30	•	• 20.60	• 26.60	• 33.60	•	• 28.60	• 39.50	• 55.10
	68	• 20.70	• 25.90	• 31.40	•	• 22.80	• 29.40	• 37.20	•	• 31.20	• 43.10	• 60.10
	69	• 23.00	• 28.80	• 34.90	•	• 25.20	• 32.40	• 41.00	•	• 34.10	• 47.00	• 65.60
	70	• 25.70	• 32.00	• 38.70	•	• 28.00	• 35.90	• 45.30	•	• 37.20	• 51.40	• 71.50
	71	• 28.40	• 35.40	• 42.80	•	• 30.80	• 39.50	• 49.80	•	• 40.40	• 55.90	• 77.70
	72	• 31.60	• 39.40	• 47.50	•	• 34.20	• 43.80	• 55.00	•	• 44.20	• 61.20	• 84.90
	73	• 34.90	• 43.30	• 52.10	•	• 37.60	• 47.90	• 60.00	•	• 48.10	• 66.50	• 91.80
	74	• 38.80	• 48.00	• 57.60	•	• 41.50	• 53.00	• 66.10	•	• 52.60	• 72.70	• 100.00
	75	• 46.50	• 57.40	• 68.60	•	• 49.60	• 63.10	• 78.70	•	• 62.20	• 86.00	• 118.00
	76	• 51.20	• 63.30	• 75.90	•	• 54.50	• 69.40	• 86.40	•	• 67.60	• 93.60	• 128.40
	77	• 55.90	• 69.00	• 82.70	•	• 59.30	• 75.40	• 93.80	•	• 72.80	• 100.90	• 138.30
	78	• 61.50	• 75.80	• 90.70	•	• 65.00	• 82.60	• 102.60	•	• 79.20	• 109.80	• 150.20
	79	• 67.70	• 83.40	• 99.60	•	• 71.40	• 90.60	• 112.30	•	• 86.20	• 119.50	• 163.10
	80	• 74.60	• 91.60	• 109.30	•	• 78.40	• 99.30	• 122.90	•	• 93.80	• 130.00	• 177.10
	81	• 81.70	• 100.10	• 119.20	•	• 85.60	• 108.20	• 133.60	•	• 101.40	• 140.50	• 190.80
	82	• 90.80	• 111.10	• 132.00	•	• 95.00	• 119.80	• 147.50	•	• 111.70	• 154.60	• 209.20
	83	• 100.50	• 122.60	• 145.50	•	• 104.90	• 132.10	• 162.20	•	• 122.70	• 169.70	• 228.90
	84	• 109.90	• 133.80	• 158.30	•	• 114.60	• 143.90	• 176.10	•	• 133.20	• 184.20	• 247.10

LONG-TERM CARE INSURANCE RATES

Rates shown are for a \$1,000 Monthly Facility Benefit **with Inflation Protection**.

You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

**With
Inflation
Protection**

PLAN 1

**Long-Term Care Facility
Non-forfeiture**

PLAN 2

**Long-Term Care Facility
Non-forfeiture
Professional Home Care**

PLAN 3

**Long-Term Care Facility
Non-forfeiture
Total Home Care**

Benefit Duration		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited
Age	18-30	6.00	7.80	10.00		8.20	10.90	14.60		11.50	15.40	21.50
	31	6.10	8.10	10.20	•	8.30	11.20	14.90	•	11.70	15.90	22.00
	32	6.20	8.20	10.60	•	8.50	11.40	15.40	•	12.00	16.20	22.50
	33	6.50	8.60	10.80	•	8.70	11.80	15.70	•	12.20	16.60	23.00
	34	6.60	8.70	11.00	•	9.00	12.00	16.00	•	12.50	17.00	23.40
	35	6.90	9.00	11.40	•	9.30	12.40	16.40	•	12.90	17.50	24.10
	36	7.00	9.20	11.70	•	9.50	12.70	16.90	•	13.20	17.90	24.60
	37	7.20	9.60	12.00	•	9.70	13.10	17.40	•	13.50	18.40	25.30
	38	7.50	9.90	12.40	•	10.10	13.50	17.80	•	14.00	19.00	26.00
	39	7.70	10.00	12.70	•	10.40	13.70	18.20	•	14.30	19.30	26.50
	40	7.90	10.40	13.00	•	10.60	14.10	18.70	•	14.60	19.80	27.30
	41	8.20	10.60	13.50	•	10.90	14.50	19.30	•	15.10	20.30	28.00
	42	8.40	10.90	13.70	•	11.20	14.90	19.60	•	15.40	20.80	28.60
	43	8.60	11.30	14.10	•	11.50	15.30	20.20	•	15.90	21.40	29.40
	44	9.00	11.70	14.60	•	11.90	15.90	20.80	•	16.40	22.10	30.30
	45	9.20	11.90	14.90	•	12.30	16.20	21.30	•	16.80	22.60	31.00
	46	9.60	12.50	15.50	•	12.60	16.80	22.00	•	17.30	23.40	32.10
	47	9.90	12.80	16.10	•	12.90	17.10	22.50	•	17.90	24.10	33.10
	48	10.20	13.20	16.60	•	13.20	17.50	23.10	•	18.40	24.90	34.20
	49	10.70	13.80	17.10	•	13.70	18.10	23.60	•	19.10	25.70	35.20
	50	11.00	14.20	17.80	•	14.00	18.50	24.30	•	19.60	26.50	36.50
	51	11.50	14.80	18.50	•	14.60	19.20	25.10	•	20.50	27.60	38.00
	52	12.10	15.50	19.30	•	15.10	19.90	25.90	•	21.30	28.70	39.40
	53	12.40	16.00	19.90	•	15.40	20.30	26.60	•	21.90	29.60	40.80
	54	12.90	16.70	20.80	•	15.90	21.10	27.40	•	22.60	30.70	42.20
	55	13.80	17.70	21.90	•	16.70	21.90	28.30	•	23.50	31.70	43.30
	56	14.50	18.60	23.00	•	17.40	22.80	29.40	•	24.50	33.10	45.20
	57	15.30	19.60	24.20	•	18.30	23.80	30.80	•	25.80	34.70	47.60
	58	16.20	20.80	25.60	•	19.10	25.00	32.10	•	26.90	36.40	49.90
	59	17.10	21.90	26.90	•	20.00	26.10	33.60	•	28.20	38.10	52.30
	60	18.30	23.10	28.40	•	21.10	27.30	35.00	•	29.60	40.00	54.80
	61	19.70	25.20	30.80	•	22.50	29.40	37.50	•	31.50	42.80	58.70
	62	21.40	27.10	33.00	•	24.20	31.30	39.70	•	33.50	45.50	62.30
	63	22.90	29.10	35.50	•	25.70	33.30	42.30	•	35.50	48.30	66.30
	64	25.00	31.60	38.40	•	27.80	35.90	45.20	•	38.00	51.70	70.80
	65	28.10	35.50	43.00	•	30.90	39.80	50.00	•	41.70	56.80	77.80
	66	30.40	38.30	46.40	•	33.10	42.70	53.70	•	44.20	60.30	82.80
	67	33.20	41.80	50.50	•	36.10	46.40	58.20	•	47.60	65.10	89.10
	68	35.90	45.20	54.60	•	38.90	50.00	62.70	•	50.80	69.40	95.10
	69	39.20	48.90	59.20	•	42.30	54.00	67.80	•	54.60	74.40	102.20
	70	42.30	52.90	64.00	•	45.50	58.20	73.10	•	58.20	79.60	109.30
	71	46.10	57.50	69.30	•	49.40	63.10	78.90	•	62.40	85.50	117.10
	72	50.20	62.70	75.50	•	53.70	68.50	85.60	•	67.20	92.10	125.90
	73	54.10	67.10	80.80	•	57.70	73.40	91.40	•	71.80	98.20	134.00
	74	59.00	73.00	87.60	•	62.60	79.60	98.80	•	77.20	105.60	143.70
	75	69.20	85.60	102.50	•	73.30	93.00	115.30	•	89.70	122.70	166.50
	76	75.30	93.00	111.50	•	79.50	100.80	125.00	•	96.40	132.10	179.20
	77	80.60	99.40	119.10	•	84.80	107.50	133.30	•	102.00	139.90	189.70
	78	87.40	107.70	128.80	•	91.80	116.10	143.70	•	109.50	150.10	203.20
	79	94.10	115.80	138.50	•	98.70	124.80	154.20	•	117.00	160.70	217.20
	80	102.20	125.60	149.80	•	106.90	135.00	166.50	•	125.80	172.70	233.10
	81	110.20	135.10	161.00	•	115.10	145.00	178.50	•	134.40	184.40	248.40
	82	120.80	147.70	175.60	•	125.80	158.20	194.40	•	146.00	200.30	269.00
	83	131.70	160.70	190.70	•	137.00	172.00	210.70	•	158.40	217.20	290.70
	84	141.70	172.70	204.20	•	147.30	184.60	225.30	•	169.40	232.60	309.90

EHS NETWORK PHARMACIES

CITY	PHARMACY
Absarokee	Absarokee Drug Co
Anaconda	Oscos Drug #5223 Safeway Pharmacy #256 Thrifty Drug Store
Baker	Baker Rexall Drug Company Lawler Drug
Belgrade	Albertson's #2009 Pharmacy Lee & Dad's Pharmacy
Big Timber	Cole Drug
Bigfork	Bigfork Drug
Billings	Albertson's #2025 Pharmacy Albertson's #2026 Pharmacy Albertson's #2041 Pharmacy Albertson's #2959 Pharmacy Albertson's #8003 Pharmacy Albertson's #8027 Pharmacy Community Health Center Pharmacy Costco Pharmacy #69 County Market Pharmacy Deaconess Medical Center Pharmacy First Pharmacy Juro's United Drugs #708 K Mart Pharmacy #4303 NCS Healthcare - Montana Inc. Oscos Drug #5242 Pharmacy 1 Shopko Pharmacy #2106 Snyder Drug Emporium #5101 Snyder Drug Emporium #5102 Snyder Drug Emporium #5105 Snyder Drug Emporium #5109 Snyder Drug Emporium #5110 St. John's Pharmacy St. Vincent's Hospital Pharmacy Wal-Mart Pharmacy #10-1956 Wal-Mart Pharmacy #10-2923 Westpark Pharmacy Woodrows United Drugs #709
Bozeman	Albertson's #2006 Pharmacy Costco Pharmacy #96 Highland Park Pharmacy K Mart Pharmacy #7027 Medical Arts Pharmacy MSU Student Health Service Pharmacy Oscos Drug #5238 Price Rite Drug Safeway Pharmacy #0289 Smith's Pharmacy #163 Wal-Mart Pharmacy #10-2084 Western Drug #6
Butte	Driscoll Drug K Mart Pharmacy #3749 Oscos Drug #5252 Safeway Pharmacy #279

*All network information starting on this page through page 41 were current at the time of print, however, they are subject to change.

**MAIL ORDER
PHARMACIES**

Express Pharmacy Services
1-888-347-5329
www.ehs.com

Ridgeway Pharmacy
1-800-630-3214
1-406-777-5425

CITY	PHARMACY
	St. James Community Hospital Wal-Mart Pharmacy #10-1901
Broadus	Larry's IGA Pharmacy
Chester	Liberty Drug Westhill Pharmacy
Chinook	Chinook Pharmacy #743
Choteau	Choteau Drug Inc
Columbia Falls	Glacier Drug Good Medicine Pharmacy Smith's Pharmacy
Columbus	Matovich IGA Discount Drug Snyder Drug Emporium #5106
Conrad	Olson's Drug Village Drug
Corvallis	Corvallis Drug Store
Culbertson	Culbertson Pharmacy
Cut Bank	Albertson's #2033 Pharmacy Drug Mart Pharmacy
Deer Lodge	Keystone Drug Safeway Pharmacy #1158
Dillon	Mitchells Drug Safeway Pharmacy #0299
Ekalaka	Dahl Memorial Hosp NH Pharmacy
Ennis	Ennis Pharmacy
Eureka	Haines Drug - Eureka
Fairfield	Barrett Drug
Fairview	Mondak Pharmacy

EHS NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
Florence	Florence Community Pharmacy		Evergreen Pharmacy K Mart Pharmacy #7030 Medical Arts Pharmacy Montana Pharmaceutical Services Rosauers Pharmacy #15 Shopko Pharmacy #2128 Smith's Pharmacy Stoick Drug Sykes Pharmacy Tidyman's Pharmacy Wal-Mart Pharmacy #10-2259
Forsyth	Yellowstone Pharmacy		
Fort Benton	Benton Pharmacy #739		
Gardiner	Gardiner Drug		
Glasgow	Pamida Pharmacy #392 Valley Drug Company Western Drug of Glasgow		
Glendive	Albertson's #8023 Pharmacy F&G Pharmacy Gabert Clinic Pharmacy White Drug #26	Laurel	Gene's Pharmacy Prices Pharmacy Snyder Western Drug #5103
Great Falls	Albertson's #2035 Pharmacy Albertson's #8111 Pharmacy Anderson Family United Drugs Apothecary Convenience Pharmacy Apothecary Drug Store Clinic United Drugs K Mart Pharmacy #3094 Kindred Pharmacy Services Osco Drug #5244 Pharmerica Plaza United Drugs #737 Public United Drug Shopko Pharmacy #262 Smith's Pharmacy #166 Snyder Drugs Spectrum Pharmacy Wal-Mart Pharmacy #2455	Lewistown	Albertson's #8109 Pharmacy Lewistown Pharmacy Pamida Pharmacy #264 Seiden Drug Co
		Libby	Center Drug Frank's Express Drug Libby Drug Rosauers Pharmacy #14
		Lincoln	Lincoln Pharmacy
		Livingston	Albertson's #2042 Pharmacy Pamida Pharmacy #321 Western Drug #9 of Livingston
		Lolo	Lolo Drug
		Malta	Valley Drug Company
Hamilton	Albertson's #2040 Pharmacy Bitterroot Drug Inc. Hamilton Pharmacy Health Care Plus Timber Ridge Pharmacy	Miles City	Albertson's #2039 Pharmacy Big Sky Pharmacy Wal-Mart Pharmacy #10-2608
Hardin	Stevenson's IGA	Missoula	A & C Drug Albertson's #2010 Pharmacy Albertson's #8020 Pharmacy Albertson's #8113 Pharmacy Broadway Pharmacy Costco Pharmacy #67 East Gate Drug Garden City Pharmacy Hillside Manor Pharmacy K Mart Pharmacy #3072 Osco Drug #5241 Palmer's Drug Riverside Health Care Pharmacy Rosauers Pharmacy #27 Safescript Pharmacy #15 Safeway Pharmacy #0355 Safeway Pharmacy #1573 Savmor Drug Shopko Pharmacy #2075 Tidyman's Pharmacy #5 UM Health Services Pharmacy
Havre	Albertson's #2031 Pharmacy K Mart Pharmacy #4814 Owl Prescription Pharmacy Western Drug Pharmacy #1		
Helena	Bergum South Pharmacy #725 K Mart Pharmacy #7029 Osco Drug #5222 Osco Drug #5224 Reynolds Drug Safeway Pharmacy #0875 Shopko Pharmacy #2112 Smith's Pharmacy #167 Snyders Drug Emporium Wal-Mart Pharmacy #10-1872		
Jordan	Foster Jordan Drug Co		
Kalispell	Albertson's #8108 Pharmacy		

EHS NETWORK PHARMACIES :

CITY	PHARMACY
	Wal-Mart Pharmacy #10-3259 Wal-Mart Pharmacy #2147
Plains	Plains Drug
Plentywood	Plentywood Drug
Polson	Healthcare Plus Safeway Pharmacy #3877 St. Joseph Hospital Pharmacy Wal-Mart Pharmacy #10-2607
Red Lodge	Beartooth Pharmacy Red Lodge Drug Company
Ronan	Family Health Pharmacy R & R Health Care Solutions
Roundup	Jorgenson's Drugs
Scobey	Service Drug
Seeley Lake	Seeley Lake Pharmacy
Shelby	Pamida Pharmacy #327 Wells Drugs Inc. #744
Sheridan	Walters United Drugs #0754
Sidney	Clinic Pharmacy Pamida Pharmacy #327 White Drug #25
St. Ignatius	Mission Drug
Stevensville	Family Pharmacy Ridgeway Pharmacy Valley Drug & Variety
Superior	Mineral Pharmacy
Thompson Falls	Doug's Drug
Townsend	Townsend Drug
Troy	Kootenai Drug
Twin Bridges	Mcalear Pharmacy
West Yellowstone	Yellowstone Apothecary
White Sulpher Spg	Castle Mountain Drug Public Drug Co
Whitefish	Haines Medical Pharmacy Haines Public Drug Safeway Pharmacy #0106
Whitehall	Whitehall Drug
Wolf Point	Gillette Pharmacy

MANAGED CARE AREAS

BLUE CHOICE	City	Zip Code	
City	Zip Code		
Absarokee	59001	Crow Agency	59022
Acton	59002	Custer	59024
Alberton	59820	Darby	59829
Alder	59710	Dayton	59914
Anaconda	59711	DeBorgia	59830
Angela	59312	Deer Lodge	59722
Arlee	59821	Dell	59724
Augusta	59410	Dillon	59725
Avon	59713	Divide	59727
Ballantine	59006	Dixon	59831
Basin	59631	Drummond	59832
Bearcreek	59007	Dupuyer	59432
Belfry	59008	Dutton	59433
Belt	59412	East Helena	59635
Big Arm	59910	Edgar	59026
Bigfork	59911	Elliston	59728
Billings	59101	Elmo	59915
	59102	Eureka	59917
	59103	Fairfield	59436
	59104	Fishtail	59028
	59105	Florence	59833
	59106	Floweree	59440
	59107	Fort Benton	59442
	59108	Fort Shaw	59443
	59111	Fortine	59918
	59112	Frenchtown	59834
	59113	Fromberg	59029
	59114	Garneill	59445
	59115	Garrison	59731
	59116	Garryowen	59031
	59117	Geraldine	59446
Black Eagle	59414	Geyser	59447
Bonner	59823	Gildford	59525
Boulder	59632	Glen	59732
Box Elder	59521	Gold Creek	59733
Boyd	59013	Grantsdale	59835
Brady	59416	Great Falls	59401
Bridger	59014		59402
Broadview	59015		59403
Buffalo	59418		59404
Butte	59701		59405
	59702		59406
	59703	Greenough	59836
	59707	Hamilton	59840
	59750	Hardin	59034
Bynum	59419	Harlowton	59036
Canyon Creek	59633	Hathaway	59333
Carter	59420	Haugen	59842
Cascade	59421	Havre	59501
Charlo	59824	Helena	59601
Chinook	59523		59602
Choteau	59422		59604
Clancy	59634		59620
Clinton	59825		59623
Columbia Falls	59912		59624
Condon	59826		59625
Connor	59827		59626
Conrad	59425	Helmville	59843
Coram	59913	Heron	59844
Corvallis	59828	Highwood	59450
Craig	59648	Hot Springs	59845
Creston	59902	Hungry Horse	59919
		Huntley	59037
		Huson	59846

MANAGED CARE AREAS

City	Zip Code	•	City	Zip Code	NEW WEST	•	City	Zip Code		
Jackson	59736	•	Ramsay	59748	•	City	Zip Code	•	Castner Falls	59421
Jefferson City	59638	•	Ravalli	59863	•			•	Centerville	59472
Joliet	59041	•	Raynesford	59469	•	Absarokee	59001	•	Charlo	59824
Judith Gap	59453	•	Red Lodge	59068	•	Acton	59002	•	Chinook	59523
Kalispell	59901	•	Rexford	59930	•	Alberton	59820	•	Clancy	59634
	59902	•	Ringling	59642	•	Alder	59710	•	Cleveland	59523
	59903	•	Roberts	59070	•	Alhambra	59634	•	Clinton	59835
	59904	•	Rollins	59931	•	Alpine	59068	•	Clyde Park	59018
Kila	59920	•	Ronan	59864	•	Anaconda	59711	•	Coal Banks Landing	59442
Kinsey	59338	•	Roscoe	59071	•	Angela	59312	•	Coburg	59523
Kremlin	59532	•	Rosebud	59347	•	Argenta	59821	•	Cohagen	59322
Lake McDonald	59921	•	Roundup	59072	•	Arlee	59821	•	Colstrip	59323
Lakeside	59922	•	Ryegate	59074	•	Arlington	59421	•	Columbia Falls	59912
Laurel	59044	•	Saltese	59867	•	Ashland	59003	•	Columbus	59019
Lavina	59046	•	Sand Coulee	59472	•		59004	•	Comet	59632
Lima	59739	•	Seeley Lake	59868	•	Ashuelot	59413	•	Condon	59826
Lincoln	59639	•	Shawmut	59078	•	Austin	59636	•	Conner	59827
Lloyd	59535	•	Shepherd	59079	•	Avon	59713	•	Cooke City	59020
Lodge Grass	59050	•	Sheridan	59749	•	Ballantine	59006	•	Coram	59913
Lolo	59847	•	Shonkin	59450	•	Bannack	59725	•	Corbin	59632
Loma	59460	•	Silesia	59041	•	Basin	59631	•	Corvallis	59828
Lonepine	59848	•	Silver Star	59751	•	Bearcreek	59007	•	Creston	59902
Luther	59068	•	Simms	59477	•	Beaverton	59241	•	Crow Agency	59022
Marion	59925	•	Somers	59932	•	Beehive	59061	•	Cushman	59046
Martin City	59926	•	St. Ignatius	59865	•	Belfry	59008	•	Custer	59024
Martinsdale	59053	•	St. Regis	59866	•	Belknap	59873	•	Darby	59829
Marysville	59640	•	St. Xavier	59075	•	Belt	59412	•	Dayton	59914
Melrose	59743	•	Stevensville	59870	•	Benteen	59031	•	De Borgia	59830
Melville	59055	•	Stockett	59840	•	Big Arm	59910	•	Dean	59019
Miles City	59301	•	Stryker	59933	•	Big Sandy	59520	•	Decker	59025
Milltown	59851	•	Sula	59871	•	Big Timber	59011	•	Deer Lodge	59722
Missoula	59801	•	Sun River	59483	•	Bigfork	59911	•	Dell	59724
	59802	•	Superior	59872	•	Bighorn	59010	•	Dempsey	59722
	59803	•	Thompson Falls	59873	•	Billings	59101	•	Dillon	59829
	59804	•	Tracy	59472	•		59102	•	Dixon	59914
	59806	•	Trego	59934	•		59103	•	Dodson	59830
	59807	•	Trout Creek	59874	•		59104	•	Drummond	59832
	59808	•	Twin Bridges	59754	•		59105	•	Dunmore	59724
	59812	•	Two Dot	59085	•		59106	•	East Helena	59635
Moiese	59824	•	Ulm	59485	•		59107	•	Eddy	59873
Molt	59057	•	Vaughn	59487	•		59108	•	Eden	59480
Monarch	59463	•	Victor	59875	•		59111	•	Edgar	59026
Montana City	59634	•	Walkerville	59701	•		59112	•	Elliston	59728
Musselshell	59059	•	Warm Springs	59756	•		59114	•	Elmo	59915
Neihart	59465	•	West Glacier	59936	•		59115	•	Emigrant	59027
Niarada	59845	•	White Splhr Sprgs	59645	•		59116	•	Evano	59801
Noxon	59853	•	Whitefish	59937	•		59117	•	Ferntail	59901
Olney	59927	•	Whitehall	59759	•	Black Eagle	59414	•	Fife	59401
Ovando	59854	•	Winston	59647	•	Bonner	59823	•	Fishtail	59028
Pablo	59855	•	Wisdom	59761	•	Boulder	59632	•	Flatwillow	59087
Paradise	59856	•	Wise River	59762	•	Box Elder	59521	•	Florence	59833
Park City	59063	•	Wolf Creek	59648	•	Boyd	59013	•	Floweree	59440
Pendroy	59467	•	Worden	59088	•	Bridger	59014	•	Forsyth	59327
Philipsburg	59858	•	Zurich	59547	•	Broadview	59015	•	Fort Benton	59442
Pinesdale	59841	•			•	Brusett	59318	•	Fort Harrison	59636
Plains	59859	•			•	Burnham	59501	•	Fort Shaw	59443
Polaris	59746	•			•	Butte	59701	•	Frenchtown	59834
Pole Bridge	59928	•			•		59702	•	Fresno	59501
Polson	59860	•			•		59703	•	Fromberg	59029
Pompeys Pillar	59064	•			•		59707	•	Galen	59711
Potomac	59823	•			•		59750	•	Gardiner	59030
Power	59468	•			•	Canyon Creek	59633	•	Garrison	59731
Proctor	59929	•			•	Canyon Ferry	59601	•	Garryowen	59031
Pryor	59066	•			•	Carter	59420	•	Georgetown	59711
		•			•	Cascade	59421	•	Geraldine	59446

MANAGED CARE AREAS

City	Zip Code	• City	Zip Code	• City	Zip Code	• City	Zip Code
Gildford	59525	• Livingston	59047	• Raynesford	59469	• Warren	59068
Glen	59732	• Lloyd	59535	• Red Lodge	59068	• Warrocl	59442
Gold Creek	59733	• Lodge Grass	59050	• Reedpoint	59069	• Washoe	59068
Grannis	59047	• Lohman	59523	• Riceville	59324	• West Glacier	59936
Grantsdale	59835	• Lolo	59847	• Rimini	59601	• Whitefish	59937
Great Falls	59401	• Loma	59460	• Ringling	59642	• Whitewater	59544
	59402	• Lonepine	59848	• Rivulet	59872	• Wickes	59632
	59403	• Loring	59537	• Roberts	59070	• Wilsall	59086
	59404	• Lozeau	59872	• Rocker	59701	• Winston	59647
	59405	• Luther	59068	• Rockvale	59019	• Wolf Creek	59648
	59406	• Malta	59538	• Rocky Boy	59501	• Wolf Point	59201
Greenough	59836	• Manchester	59401	• Rollins	59931	• Woods Bay	59901
Greycliff	59033	• Marion	59925	• Ronan	59864	• Woodside	59840
Hall	59837	• Martin City	59926	• Roscoe	59071	• Worden	59088
Hamilton	59840	• Martinsdale	59053	• Rosebud	59347	• Wyola	59089
Hardin	59034	• Marysville	59640	• Roundup	59072	• Yellowtail	59035
Hardy	59401	• Maxville	59858	•	59073	• York	59089
Hathaway	59333	• McLeod	59052	• Ryegate	59074	• Zurich	59547
Haugan	59842	• Melrose	59743	• Saco	59261	•	
Havre	59501	• Melville	59055	• Saint Ignatius	59865	•	
Hays	59527	• Miles City	59301	• Saint Regis	59866	•	
Helena	59601	• Milltown	59851	• Saint Xavier	59075	•	
	59602	• Missoula	59801	• Saltese	59867	•	
	59604	•	59802	• Sand Coulee	59472	•	
	59620	•	59803	• Sanders	59076	•	
	59623	•	59804	• Sedan	59715	•	
	59624	•	59806	• Seeley Lake	59868	•	
	59625	•	59807	• Shawmut	59078	•	
	59626	•	59808	• Sheffield	59301	•	
Helmville	59843	•	59812	• Shepherd	59079	•	
Henderson	59872	• Moiese	59824	• Sheridan	59749	•	
Heron	59844	• Molt	59057	• Silesia	59041	•	
Highwood	59450	• Montana City	59634	• Simms	59477	•	
Hingham	59528	• Musselshell	59059	• Snider	59873	•	
Hogeland	59529	• Niarada	59845	• Somers	59932	•	
Hot Springs	59845	• Noxon	59853	• Southern Cross	59711	•	
Hungry Horse	59919	• Nyack	59901	• Springdale	59082	•	
Huntley	59037	• Nye	59061	• Stevensville	59870	•	
Huson	59846	• Olney	59927	• Stockett	59480	•	
Hysham	59038	• Opportunity	59711	• Sula	59871	•	
Ismay	59336	• Ovando	59854	• Sumatra	59083	•	
Jackson	59736	• Pablo	59855	• Sun River	59483	•	
Jefferson City	59638	• Paradise	59856	• Superior	59872	•	
Joliet	59041	• Park City	59063	• Swan Lake	59911	•	
Jordan	59337	• Philipsburg	59858	• Tarkio	59872	•	
Judith Gap	59453	• Pine Creek	59047	• Thompson Falls	59873	•	
Kalispell	59901	• Pinesdale	59841	• Thurlow	59327	•	
	59902	• Plains	59859	• Toston	59643	•	
	59903	• Polaris	59746	• Townsend	59644	•	
	59904	• Polson	59860	• Tracy	59472	•	
Keystone	59872	• Pompeys Pillar	59064	• Trout Creek	59874	•	
Kila	59920	• Portage	59401	• Turah	59801	•	
Kinsey	59338	• Porters Corner	59858	• Turner	59542	•	
Klein	59072	• Potomac	59801	• Twin Bridges	59754	•	
Kremlin	59532	• Power	59468	• Twodot	59085	•	
Lakeside	59922	• Pray	59065	• Ulm	59485	•	
Lame Deer	59043	• Princeton	59858	• Unionville	59632	•	
Laredo	59501	• Proctor	59929	• Vaughn	59487	•	
Laurel	59044	• Pryor	59066	• Victor	59875	•	
Laurin	59729	• Quartz	59872	• Virgelle	59442	•	
Lavina	59046	• Radersburg	59641	• Volberg	59351	•	
Lima	59739	• Ramsay	59748	• Wagner	59538	•	
Limestone	59019	• Rapelje	59067	• Walkerville	59701	•	
Lincoln	59639	• Ravalli	59863	• Warm Springs	59756	•	

MANAGED CARE AREAS

PEAK HEALTH

City	Zip Code	City	Zip Code
Absarokee	59001	• Lame Deer	59043
Acton	59002	• Laurel	59044
Anaconda	59711	• Lavina	59046
Angela	59312	• Lima	59739
Ashland	59003	• Lodge Grass	59050
Avon	59713	• Melrose	59743
Ballantine	59006	• Miles City	59301
Bearcreek	59007	• Molt	59057
Belfry	59008	• Nye	59061
Bighorn	59010	• Park City	59063
Billings	59101	• Philipsburg	59858
	59102	• Polaris	59746
	59103	• Pompeys Pillar	59064
	59104	• Pryor	59066
	59105	• Ramsay	59748
	59106	• Rapelje	59067
	59107	• Red Lodge	59068
	59108	• Reedpoint	59069
	59111	• Roberts	59070
	59112	• Roscoe	59071
	59114	• Rosebud	59347
	59115	• Ryegate	59074
	59116	• Saint Xavier	59075
	59117	• Sanders	59076
Birney	59012	• Shawmut	59078
Boyd	59013	• Shepherd	59079
Bridger	59014	• Sumatra	59083
Broadview	59015	• Twodot	59085
Busby	59016	• Volborg	59351
Butte	59701	• Warm Springs	59756
	59702	• Whitehall	59759
	59703	• Wisdom	59761
	59707	• Wise River	59762
	59750	• Worden	59088
Colstrip	59323	• Wyola	59089
Crow Agency	59022	• Yellowtail	59035
Custer	59024	•	•
Decker	59025	•	•
Deer Lodge	59722	•	•
Dell	59724	•	•
Divide	59727	•	•
Drummond	59832	•	•
Edgar	59026	•	•
Elliston	59728	•	•
Fishtail	59028	•	•
Forsyth	59327	•	•
Fromberg	59029	•	•
Garrison	59731	•	•
Garryowen	59031	•	•
Glen	59732	•	•
Gold Creek	59733	•	•
Hall	59837	•	•
Hardin	59034	•	•
Harlowton	59036	•	•
Hathaway	59333	•	•
Huntley	59037	•	•
Hysham	59038	•	•
Ingomar	59039	•	•
Ismay	59336	•	•
Jackson	59736	•	•
Joliet	59041	•	•
Judith Gap	59453	•	•
Kinsey	59338	•	•

PARTICIPATING HOSPITALS

TRADITIONAL PLAN

Preferred

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Timber	Pioneer Medical Center
Billings	St. Vincent's Healthcare Center
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Community Healthcare
Choteau	Teton Medical Center CAH
Circle	McCone County Health Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Culbertson	Roosevelt Memorial Medical Center
Cut Bank	Northern Rockies Medical Center
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital and Health Care
Ennis	Madison Valley Hospital
Great Falls	Benefis Healthcare
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Helena	St. Peter's Hospital
Libby	St. John's Hospital
Livingston	Livingston Healthcare
Malta	Phillips County Medical Center
Miles City	Holy Rosary Healthcare
Missoula	St. Patrick's Hospital and Health Sciences Ctr.
Plains	Clark Fork Valley Hospital
Red Lodge	Beartooth Hospital and Health Center
Roundup	Roundup Memorial Hospital
Scobey	Daniels Memorial Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Superior	Mineral County Hospital
Terry	Prairie Community CAH
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital & Extended Care Ctr.
White Sulphr Sprgs	Mountain View Medical Center

Non-preferred

Billings	Deaconess Billings Clinic
Missoula	Community Medical Center (Maternity Services - 25%)

All other

35% Coinsurance

Deaconess Billings Clinic
Community Medical Center (Maternity Services - 25%)

25% Coinsurance

MANAGED CARE NETWORK

PEAK HEALTH

City	Hospital
Billings	St. Vincent's Healthcare Center
Butte	St. James Community Hospital
Deer Lodge	Powell County Memorial Hospital
Forsyth	Rosebud Health Care Center
Hardin	Big Horn County Memorial Hospital
Miles City	Holy Rosary Health Center
Red Lodge	Beartooth Hospital and Health Center

NEW WEST HEALTH PLAN

City

Hospital

Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Deaconess Billings Clinic
Bozeman	Bozeman Deaconess Hospital
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Colstrip	Colstrip Medical Center
Columbus	Stillwater Community Hospital
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Memorial Hospital
Forsyth	Rosebud Health Care Center
Great Falls	Benefis Healthcare
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Jordan	Garfield County Health Center
Kalispell	Kalispell Regional Medical Center
Livingston	Livingston Healthcare
Malta	Phillips County Medical Center
Missoula	Community Medical Center
Phillipsburg	Granite County Medical Center
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital
Ronan	St. Luke's Community Hospital
Roundup	Roundup Memorial Hospital
Superior	Mineral Community Hospital

BLUE CHOICE

City

Hospital

Anaconda	Community Hospital of Anaconda
Billings	St. Vincent's Healthcare Center
Butte	St. James Community Healthcare
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Dillon	Barrett Hospital & Healthcare
Ennis	Madison Valley Hospital
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Health Care
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Kalispell	Kalispell Regional Medical Center
Miles City	HealthCenter Northwest
Missoula	Holy Rosary Healthcare
Plains	St. Patrick's Hospital & Health Sciences
Polson	Clark Fork Valley Hospital
Red Lodge	St. Joseph Hospital
Ronan	Beartooth Hospital & Health Center
Roundup	St. Luke's Community Hospital
Sheridan	Roundup Memorial Hospital
Superior	Ruby Valley Hospital
White Sulphur Springs	Mineral Community Hospital
Whitefish	Mountain View Medical Center
	North Valley Hospital

BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
Absarokee	Exley, Jack L.	Family Practice		Neuhoff, Douglas A.	OB & GYN
	Fouts, Thomas B.	Family Practice		Nichols, Robert James	Family Practice
Anaconda	Baker, Shawna L.	Family Practice		Petersen, Susan J	Family Practice
	Mitchell, Michael J.	Family Practice		Peterson, Erica L.	Family Practice
	Rafferty, Michael C.	Family Practice		Sauer, John Patrick	Pediatrics
	Reiter, William M.	Internal Medicine		Schiffert, Martin G.	Family Practice
	Robison, Jill D.	Pediatrics		Schnitzer, Brian M.	Family Practice
	Yates, Ati H.	Internal Medicine		Shaub, Stephen R.	Family Practice
Bigfork	Cornell, Lea G.	Family Practice		Sorensen, Neal B.	Internal Medicine
	Jenko, Thomas G.	Family Practice		Standish, David D.	Pediatrics
Billings	Agnew, Deborah G	Pediatrics		Stanley, Merrill Scott	Family Practice
	Anderson, Richard D.	Internal Medicine		Starr, Brian L.	Pediatrics
	Ashcraft, Jimmie L.	Family Practice		Stevens, Richard C.	Pediatrics
	Beijer, Kerstin A.	Family Practice		Tapia, Lionel Edward	Pediatrics
	Bullman, Jon M	Family Practice		Thompson, Frank R	Family Practice
	Busch, Byron J.	Internal Medicine		Wickstrom, Glenda C.	Internal Medicine
	Campbell, Bruce G.	Family Practice		Yapuncich, Kathleen M.	Pediatrics
	Center, Dean M.	Family Practice	Boulder	Burkholder, James N.	Family Practice
	Collett, Gordon C.	Pediatrics		Shepard, Robert M.	Family Practice
	Cook, Cheryl S	Internal Medicine		Wampler, Todd B.	Family Practice
	Dahl, Dona Chimene	OB & GYN	Bridger	Zavala, Jeffrey S.	Family Practice
	Dennis, Terry D	Internal Medicine			
	Etchart, Leonard W.	Internal Medicine	Butte	Bodine, Jonathan A.	Internal Medicine
	Ezell, Douglas T.	OB & GYN		Brown, James F.	Pediatrics
	Fahrenwald, Roxanne	Family Practice		Chamberlain, David Paul	Internal Medicine
	Fishburn, Amy M	Internal Medicine		Cortese, Florian	Internal Medicine
	Forseth, Hal W.	OB & GYN		Ellis, William Bruce	Family Practice
	Fuller, Bradley D.	Internal Medicine		Gould, Stanley F.	OB & GYN
	Gerbas, Paolo F	Family Practice		Graham, Kenneth J.	Pediatrics
	Gobin, Mark R	Internal Medicine		Hunt, Kenneth C.	Family Practice
	Grewell, Donald A.	Family Practice		Kautzman, Jessie	Family Practice
	Gunville, Fred E.	Pediatrics		Konecny, Anthony M.	Family Practice
	Guyer, James W.	Family Practice		Kronenberger, Brett N.	Internal Medicine
	Hagan, Michael C.	Internal Medicine		McGree, Patrick J.	Family Practice
	Hager, Dwight R.	Family Practice		Mosqueda, Erik N	Pediatrics
	Hinshaw, James C.	OB & GYN		Mulcaire-Jones, George	Family Practice
	Hugelen, Julie A	Family Practice		Pullman, John	Internal Medicine
	James, Thomas R.	Family Practice		Sager, Wayne L.	Pediatrics
	Johnson, David F.	Internal Medicine		Salisbury, Dennis F.	Family Practice
	Johnson, Jeffrey S.	Internal Medicine		Sessions, Lisa K.H.	Family Practice
	Johnson, Linda R.	Pediatrics		Shepherd, Susan M	Pediatrics
	Johnson, Vernon N.	Family Practice		Siddoway, Paul R.	Internal Medicine
	Kadri, Abdulmajeed	Internal Medicine		Sironi, Rindo R.	OB & GYN
	Kadri, Kathy Fay	Internal Medicine		Taverna, Jacob M.	Internal Medicine
	Kelker, Paul A.	Pediatrics		Wilson, Judith H.	Internal Medicine
	Kenamore, Claire L	Pediatrics	Chester	Earl, Anna M.	Family Practice
	Kent, Thomas F.	OB & GYN		Young, Gladys E.	Family Practice
	Kobrine, Lori L.	Pediatrics	Chinook	Nemes, Joseph Z.	General Practice
	Kummer, Marian E.	Pediatrics			
	Langohr, Janis I.	Pediatrics	Choteau	Shelton, Laura	Family Practice
	Maheras, Joseph C.	Internal Medicine			
	Malloy, John J.	Family Practice	Columbia Falls	Carlson, MaryAnn	Pediatrics
	Malters, Edward C	Internal Medicine		Charman, Charles S.	Internal Medicine
	McClave, Charles R.	Internal Medicine		Miller, Joan M.	Family Practice
	Metzger, Michael E.	Internal Medicine		Pitman, Douglas J.	Family Practice
	Michels, Frank C.	Family Practice		Tremper, John H.	Family Practice
	Moore, Douglas L.	General Practitioner			

BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
Dillon	Thomas, Raymond L.	Family Practice	Hamilton	Ashcraft, Walker J.	Family Practice
Eureka	Ionescu, Raluca M	Internal Medicine		Borino, Teresa P.	Family Practice
	Ionescu, Serban I	Internal Medicine		Brouwer, Lawrence D.	Family Practice
	Stein, Edward P	Family Practice		Courchesne, John R.	Internal Medicine
Florence	Milan, Georgia A.	Family Practice		Courchesne, Yvonne K.	Family Practice
	Vasquez, Ned F.	Family Practice		Gillis, Harry G	Pediatrics
Geraldine	Buck, Mark K	Family Practice		Harder-Brouwer, Kathleen	Family Practice
Great Falls	Addison, T Brice	Internal Medicine		Heath, H. Brett	Family Practice
	Asthalter, James H.	Family Practice		Jones, Ellyn P.	Pediatrics
	Avery, Susan H.	Family Practice		Milch, Lisa J.	Internal Medicine
	Barker, Marci L.	Family Practice		Moreland, John P.	Internal Medicine
	Bergman, Bradford A	Internal Medicine		Smith, Gary	Internal Medicine
	Braget, Daren J.	OB & GYN		Stewart, Randy L.	Family Practice
	Buchanan, C. Mart	Internal Medicine	Hardin	White, Marshall W.	OB & GYN
	Buffington, Gary A.	Internal Medicine		Whitley, Vernon C.	Pediatrics
	Burleigh, Peter L.	OB & GYN		Billin, Aaron R.	Family Practice
	Chapman, Vicki L.	OB & GYN		Greimann, Carolyn S.	Family Practice
	Chrzanowski, Steven M.	Internal Medicine		Ostahowski, Gary A	Family Practice
	Cogar, Allison A.	Pediatrics		Trevino, Carlos F.	Family Practice
	Eck, Marci J.	OB & GYN		Whiting, Jr., Robert R.	Family Practice
	Effertz, Susan J.	Internal Medicine	Harlowton	Maccart, John G.	Family Practice
	Engbrecht, David R.	Family Practice		Wolf, Mary M.	Family Practice
	Garver, Michael K.	Pediatrics	Havre	Booth, Thomas D.	Family Practice
	Gerrity, Nora C.	Pediatrics		Henderson, Robert T.	Internal Medicine
	Handwerk, Francis J.	OB & GYN		Huffman, Phillip A	Internal Medicine
	Harkness, James E.	Family Practice		Lien, Karen E	Family Practice
	Hinz, Jeffrey P.	Pediatrics		Miller, Frank L	OB & GYN
	Houlihan, Gregory S.	Family Practice		Nolan, Michael D.	Family Practice
	Johnson, Marcus A.	Family Practice		Richardson, Bruce W.	Family Practice
	Joyner, Donald R.	OB & GYN		Ward, Mark A.	Internal Medicine
	Key, Thomas C	OB & GYN	Helena	Batey, William M.	Family Practice
	Krezowski, Phillip A.	Internal Medicine		Bower, Ryan T.	Family Practice
	Kuykendall, Julie L	OB & GYN		Cody, Karen E.	Family Practice
	Lee, Dorothy Tai-Shil	OB & GYN		Crichton, James W	Family Practice
	Lenz, Tony J.	Internal Medicine		Dill, Tracy B.	Internal Medicine
	Mahan, John W.	Internal Medicine		Eodice, Diane M.	Family Practice
	Marron, Colleen M.	Pediatrics		Eodice, Paul A.	Family Practice
	Martin, Bryan E.	Internal Medicine		Fernandez, William N	Internal Medicine
	Matelich, Craig C.	Pediatrics		Fritz, Blayne L.	Pediatrics
	Maynard, Bobby L.	Internal Medicine		Harrison, Virginia Lee	Internal Medicine
	Maynard, Nancy J.	Pediatrics		Hess, Phillip A	Family Practice
	McClure, Robert J.	OB & GYN		Hesskamp, Daniel E	Internal Medicine
	Messick-Laeven, Petra M.	Pediatrics		Howell, Sheri S.	Family Practice
	Miles, Mark R.	OB & GYN		Hunter, Kristine A	Internal Medicine
	Mills, Angela L	Family Practice		Justad, Jean M	Internal Medicine
	Norum, Nora E.	Family Practice		Keefe, Erin M.	Pediatrics
	Roux, Timothy P	Internal Medicine		Kirkpatrick, Christina L.	Internal Medicine
	Speer, Jerry W.	Family Practice		Krainacker, David A	Family Practice
	Swift, Douglas E.	Internal Medicine		Kreisberg, Mark S.	Internal Medicine
	Treptow, Craig L	Family Practice		Kubicka, Kurt T.	Family Practice
	Trichy, Thomas G.	Family Practice		Larson, Jay L.	Internal Medicine
	Vargo, Patsy M	Family Practice		Lechner, David W.	Family Practice
	Weill, Timothy C.	Family Practice		Maher, James J.	Family Practice
	Welsh, Carey J.	Family Practice		Malany, Andrew M	OB & GYN
	Wood, Julie A.	Family Practice		Marx, Shari K	Internal Medicine
	Yturri, James A	Internal Medicine		McMahon Jr., Jack W	OB & GYN

BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
	Mest, Stephen J	Internal Medicine	Libby	Tai, Frederick W	Internal Medicine
	Reynolds, John A.	Pediatrics			
	Riessen, Erik R.	Internal Medicine	Lolo	Gomersall, Janice R	Family Practice
	Sanders, Kenton L.	Internal Medicine			
	Sargent, Richard P.	Family Practice	Miles City	Drivdahl-Smith, Christine	Family Practice
	Schoderbek, William E.	Internal Medicine		Gallo, Susan J.	Family Practice
	Seitz, Tristan A.	Internal Medicine		Pezzarossi, Patricia J.	Pediatrics
	Snider, William C.	Family Practice			
	Strekall, Michael S.	Family Practice	Missoula	Arnold, John E.	Pediatrics
	Strickler, Jeffrey H.	Pediatrics		Autio, Lar K	Family Practice
	Strizich, Thomas A	Pediatrics		Calderwood, Terence M.	Family Practice
	Weitz, Brian C.	Family Practice		Caldwell, J. Michael	Internal Medicine
	Wiley, Frank W	Family Practice		Gottman, Dirk R.	Pediatrics
				Hughson, H. Eric	Internal Medicine
Heron	Drye, John N.	Family Practice		Kress, Eric Jon	Family Practice
				Langenderfer, Mary C.	Internal Medicine
Hot Springs	Damschen, Rhonda Elaine	Family Practice		Marks, Robert D.	Family Practice
	Hanson, Gregory S.	Family Practice		McDonald, Judith D.	Family Practice
				Murphy, Anne Marie	Internal Medicine
Kalispell	Anderson, Jonathan M.	Family Practice		Nevin, Donald R	Family Practice
	Armstrong, Jr., James H.	Family Practice		Roberts, Thomas H.	Internal Medicine
	Armstrong, SR., James H.	Family Practice		Rogers, Kathleen S.	Pediatrics
	Bukacek, Ann M	Internal Medicine		Seagraves, Stan H.	Internal Medicine
	Caughlan, Thomas V.	Internal Medicine		Selbach, Susan M.	Family Practice
	Csaplar, Laura J.	Pediatrics		Sheehan, Kevin M	Internal Medicine
	Davis, Jack L.	Internal Medicine		Szekely, Peter C.	Internal Medicine
	Dixon, Charles L.	Family Practice		Visscher, Judith K.	Family Practice
	Dykstra, Lynn A.	Pediatrics		Walter, Gary F.	Internal Medicine
	Evans, Stephen S	Internal Medicine		Yahn, Diane M.	Internal Medicine
	Fetzer, Candace R.	Internal Medicine			
	Fleischer, Lisa Ann	Family Practice	Phillipsburg	Corbin, Michelle Kay	Family Practice
	Gill, Christopher H.	Internal Medicine			
	Habel, David C.	Internal Medicine	Plains	French, Dean O	Family Practice
	Johnson, Marise K	Internal Medicine			
	Jonas, Kenneth L	Family Practice	Polson	Carte, Timothy W.	Pediatrics
	Kiley, James A.	Family Practice		Forney, Alison J.	Family Practice
	Lavin, John A.	OB & GYN		Gorman, David E.	Family Practice
	Layer, John H.	Internal Medicine		Harrop, Cara J.	Family Practice
	Ludden, Charles B.	OB & GYN		Irwin, R. Stephen	Family Practice
	Martin, Irene R.	Family Practice		Palmieri, Steven W.	Family Practice
	Natelson, Richard M	OB & GYN		Panos, Craig J.	Family Practice
	Nelson, Douglas A.	Internal Medicine		Stahl, Steve D.	Family Practice
	Oehrtman, Pamela R.	Family Practice		Violett, Jodi L.	Family Practice
	Palchak, Andrew E.	Family Practice			
	Peterson, Dennis L.	Internal Medicine	Ronan	Bedell, Mikael Eugene	Family Practice
	Rausch, Tracy K.	Internal Medicine		Cullis, William C.	Family Practice
	Sherrick, Robert C.	Internal Medicine		Dempsey, John Michael	Family Practice
	Sorensen, Mark J.	Pediatrics		Gochis, Paul D.	Family Practice
	Swanberg, Louise E.	Internal Medicine		Jones, Heather	Family Practice
	Vranish, Loren S.	Family Practice		Stepanski, Suzanne M	Family Practice
	Wilder, Wallace S.	Pediatrics		Vizcarra, Ed T.	Family Practice
	Winkel, R. Dennis	Family Practice		Yoder, Steven M.	Family Practice
	Wise, Richard C.	Family Practice			
			Roundup	Madi, Ahmed M.	Internal Medicine
Laurel	Forseth, Lori A.	Family Practice		Subramanian, Sanjay	Internal Medicine
	McCrea, Kevin G	Family Practice			
	Richardson, E. Lee	Family Practice	Saint Ignatius	Bahnmler, Daniel E.	OB & GYN
	States, Patti A.	Family Practice		Davis, Victor M.	General Practice
	Ulrich, Robert C	Family Practice		Phinney, Deanna L.	Family Practice
	VanNice, Robert B.	Family Practice			

BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY
Seeley Lake	Barstad, Christine R.	Family Practice
Sheridan	Hendrickson, Roman M.	Family Practice
Stevensville	Baldrige, Teresa A.	Internal Medicine
	Crews, Kirk Leroy	Family Practice
	Downey, David Robert	Family Practice
	Paul, Mark C.	Family Practice
	Reed, Frank M	Family Practice
	Rudd, Jane P	Family Practice
Thompson Falls	Grena, Patricia J.	Family Practice
	Lovell, Randy J.	Family Practice
White Sulphur Springs	Bullington, Ben P.	Internal Medicine
	Steinberg, Marc P.	Pediatrics
Whitefish	Beach, D. Randall	OB & GYN
	Bowden, Mirna D.	OB & GYN
	Daniell, Suzanne D	Internal Medicine
	Erickson, Jay S.	Family Practice
	Holdhusen, Christopher J.	Family Practice
	Kalbfleisch, John N.	Family Practice
	Miller, Jon A.	Family Practice
	Miller, Ronald A.	Family Practice
	Munzing, Daniel E.	Family Practice
	Neff, Kathryn H.	Family Practice
	Ricker, Frank M.	Family Practice
Whitehall	Reiff, Terry D.	Family Practice
	Sacry, Gayle	Family Practice

NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		DEGREE	CITY	NAME		DEGREE	
Big Sandy	Lanchbury	Forrest	MD		Rathe	Laura	MD	
					Regan	Dennis	MD	
Big Timber	Healy	Ronald	MD		Russell	Laine	DO	
	Jacquay	Paul	PAC		Saberhagen	Eric	MD	
	Peden	Kirby	MD		Sachs	Robert	MD	
	Walker	Wallace	MD		Sauer	J	MD	
	Walton	Sarah	FNP		Smith	Angela	PA	
Bigfork	Jenko	Tom	MD		Smith	Ronald	MD	
					Standish	David	MD	
Billings					Starr	Brian	MD	
	Agnew	Deborah	MD		Stevens	Richard	MD	
	Alberda	Kelly	MD		Szabo	Laura	MD	
	Argani	Faranak	MD		Tapia	Lionel	MD	
	Asbell	Susan	FNP		Thompson	Frank	MD	
	Cabell	Karen	MD		Uptergrove	Kevin	MD	
	Campbell	Bruce	MD		Weiss	Deric	MD	
	Canty	Stephanie	MD		Wittnam	Charles	MD	
	Carr	F	MD		Boulder	Burkholder	James	MD
	Castles	Shelly	MD			Lagerquist	Lori	PA
	Center	Dean	MD			Lechner	David	MD
	Collett	Gordon	MD			Sargent	Richard	MD
	Cruickshank	Sandra	NP			Shepard	Robert	MD
	Duncan	Heidi	MD		Wampler	Todd	MD	
	Emery	Dale	MD		Bozeman	Hathaway	Robert	MD
	Fahrenwald	Roxanne	MD			Butte	Burton	Susan
	Fullerton	Brian	MD		Gould		Stanley	MD
	Gall	Daniel	MD		Chinook	Nemes	Joseph	MD
	Gerstner	Steven	MD			Colstrip	Craig	Jackson
	Girolami	James	MD		Ortiz		Jose	MD
	Giusti	Robert	FNP		Pereles-Ortiz		Jeanne	MD
	Grewell	Donald	DO		Columbia Falls	Pitman	Douglas	MD
	Gunville	Fred	MD			Columbus	Kane	David
	Guzman	Glenn	MD		Klee		Richard	MD
	Hall	Kathryn	PAC		Culbertson	Abawi	Jaber	MD
	Hamilton	Beth	PAC			Darby	Evans	Patricia
	Hemmer, Jr.	Lawrence	MD		Deer Lodge		Martin	Wayne
	Holden	Gene	MD			Oser	J	MD
	Husby	Lucinda	MD			Stinson	Kathy	MD
	James	Thomas	MD			Sullivan	Donald	PAC
Johnson	Julie	MD	Dillon	Blake		C	MD	
Johnson	Linda	MD		Carrick	Patricia	FNP		
Johnson	Sandra	MD		Grantham	Patricia	MD		
Johnson	Vernon	MD		Haight	Eugenie	MD		
Kale	Kari	MD		Hansen	Burke	MD		
Kelker	Paul	MD		Loge	Ronald	MD		
Kelly	Alberta	MD		Mckee	Scott	MD		
Kenamore	Claire	MD		Thomas	Raymond	MD		
Kennedy	Marie	PAC		Weed	Karen	MD		
King	J	MD		Forsyth	Anderson	William	MD	
Klee	Karen	MD	Hopwood		Donald	MD		
Kummer	Marian	MD						
Lambert	Thomas	MD						
Langohr	Janis	MD						
Lewis	Allen	MD						
McComb-Goins	Stacy	PAC						
McDonough	Catherine	FNP						
Malloy	John	MD						
Mitchell	Peter	MD						
Moore	Douglas	MD						
Neubauer	Laurie	PAC						

NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		DEGREE	CITY	NAME		DEGREE
Great Falls	Harkness	James	DO		Harrison	V	MD
	Hinshaw	James	MD		Hay	Michael	MD
	Johnson	Marcus	MD		Hess	Philip	MD
	Johnson	Mike	MD		Howell	Sherif	MD
	Kuykendall	Julie	MD		Hunter	Kristine	MD
	Nicholson	Laura	MD		Huntley	Maria	MD
Hamilton	Ashcraft	Walker	MD		Hutchison	Mary	NP
	Borino	Teresa	MD		Jordan	David	MD
	Brouwer	Lawrence	MD		Justad	Jean	MD
	Courchesne	John	MD		Keefe	Erin	MD
	Favara	Blaise	MD		Kolar	Carol	CNM
	Forbes	Virginia	FNP		Larson	Jay	MD
	Gillis	Harry	MD		Lechner	David	MD
	Harder-Brouwer	Kathleen	MD		Malany	Andrew	MD
	Heath	H	MD		Mcmahon	John	MD
	Humphrey	Maria	NP		Mest	Stephen	MD
	Laraway	John	MD		Reynolds	John	MD
	Milch	Lisa	MD		Riessen	Erik	MD
	Moreland	John	MD		Roope	Beverly	FNP
	Smith	Gary	MD		Sanders	Kenton	MD
	Stewart	Randy	MD		Sargent	Richard	MD
Hardin	Wagner	Alexis	FNP		Seitz	Tristan	MD
	White	Marshall	MD		Shepard	Robert	MD
					Smigaj	Denise	NP
					Snider	William	MD
					Strekall	Michael	MD
					Strickler	Jeffrey	MD
Harlowton	Billin	Aaron	MD		Strizich	Thomas	MD
	Caprata	Kim	PA		Vanhorsen	Jamie	FNP
	Greimann	Carolyn	MD		Wampler	Todd	MD
	Murter	Melody	NP		Wiley	Frank	MD
	Ostahowski	Gary	MD		Williams	Carla	MD
	Whiting	Robert	MD				
Havre	Blossom	Mark	MD	Hot Springs	Shear	Alan	PA
	Booth	Thomas	DO	Jordan	Muniak	Daniel	PAC
	Henderson	Robert	MD	Kalispell	Armstrong Jr.	James	MD
	Huffman	Philip	MD		Bechard	Jason	MD
Helena	Kelley	James	MD		Bechard	Jonathan	MD
	Lien	Karen (Karrie)	MD		Birky	Perry	MD
	Miller	Frank	MD		Bukacek	Ann	MD
	Nolan	Michael	MD		Cook	Julie	NP
	Pappas	Mary	NP		Csaplar	Laura	MD
	Richardson	Bruce	MD		Denning	Michele	NP
	Ward	Mark	DO		Dixon	Charlie	MD
	Williams	Aryls	NP		Evans	Stephen	MD
					Fleischer	Lisa	MD
					Gill	Christopher	MD
Helena	Batey	William	MD		Gillette	Dirk	PAC
	Bills-Kazimi	Kay	PA		Habel	David	MD
	Bower	Ryan	MD		Johnson	Charles	MD
	Bristow	Donna	FNP		Jonas	Kenneth	MD
	Bryant	Lynne	NP		Martin	Irene	MD
	Burkholder	James	MD		Nelson	Douglas	MD
	Cody	Karen	MD		Oehrtman	Pamela	MD
	Ditchey-Hellems	Susan	CNM		Palchak	Andrew	MD
	Fernandez	William	MD		Sherrick	Robert	MD
	Fritz	Blayne	MD		Swanberg	Louise	MD
	Gormely	Dawn	NP		Violette	Jodi	MD

NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		DEGREE	CITY	NAME		DEGREE
	Vranish	Loren	MD		Mccooy	Craig	MD
	Weber	Kyle	MD		Mikesell	Bruce	MD
	Welch	Mark	MD		Montgomery	Lynn	MD
	Wilder	Wallace	MD		Nielsen	Killeen	APRN
	Winkel	Dennis	MD		Opper	Mindy	PA
	Wise	Richard	MD		Pitt	Jesse	MD
Lakeside	Gullotta	Suzanne	APRN		Priddy	Michael	MD
Lincoln	Barrey	Roger	PA		Quick	Edward	MD
Livingston	Baskett	Lindsay	MD		Rauch	Kristen	MD
	Flook	Benjamin	MD		Ravitz	Eric	DO
	Loh	Johnson	MD		Rick	Brian	PAC
	Noteboom	Dennis	MD		Rosquist	Jennifer	MD
	Reid	Genevieve	MD		Schure	S	MD
	Rowe	Thomas	MD		Simmons	Sandra	MD
	Scofield	Ted	MD		Smith	John	MD
	Sewell	Jeffrey	MD		Smith	Stephen	MD
Malta	Armstrong	Patrick	PA		Thompson	Beth	MD
	Giblette	Thad	NP		Travis	Lee	MD
	Medina	Edwin	MD		Wallace	Steven	MD
Miles City	Amsden	Jessica	PAC	Noxon	French	Dean	MD
	Holland	Randy	PAC		Johns-Kooy	Karin	PAC
	Nass	Omar	MD	Philipsburg	Corbin	Michelle	MD
	Pezzarossi	Patricia	MD	Plains	Damschen	Rhonda	MD
	Reynolds	Lourdes	MD		Drye	John	MD
	Roshan	Bijan	MD		Hanson	Gregory	MD
	Schillo	Sherry	PAC		Mack	Randall	PAC
	Shiotani	Glenn	MD		Nicoletto	Joseph	MD
	Vadheim	A	MD	Polson	Ardiana	Gina	FNP
	Young	James	MD		Forney	Alison	MD
Missoula	Allen	Paula	PA		Gochis	Paul	MD
	Anderson	Rebecca	MD		Gorman	David	MD
	Baker	Cheryl	MD		Gulotta	Suzanne	APRN
	Baskett	Kathleen	MD		Palmieri	Steven	DO
	Baumgartner	Thomas	MD		Panos	Craig	MD
	Brian	Rick	PA	Red Lodge	George	William	MD
	Bridges	Carol	MD		Mohl	Virginia	MD
	Burke	Timothy	MD		Oley	William	MD
	Carnegie	Margaret	MD		Quirk	James	MD
	Cone	Clancy	MD	Ronan	Bahnmler	Daniel	DO
	Davis	Carla	MD		Bedell	Mikael	MD
	Degrazio	Brenda	CNM		Cullis	William	MD
	Engberg	Lynn	FNP		Jones	Heather	MD
	Ferguson	J	MD		Stepanski	Suzanne	DO
	Gerstle	Lawrence	MD		Vizcarra	Ed	MD
	Gibson	Carla	APRN		Yoder	Steven	MD
	Harper	Daniel	MD	Roundup	Harding	Dale	MD
	Harvey	Gary	MD		Madi	Ahmed	MD
	Hebl	Jeanne	CNM	Sidney	Freislenben	Lois	MD
	Howard	Raymond	DO	St. Ignatius	Phinney	Deanna	MD
	Hubbard	Duncan	MD		Trudeau	Randy	PAC
	Kornish	Gloria	PAC				
	Kornish	Michael	MD				
	Laine	Ted	MD				
	Livingston	Amanda	PAC				
	Marx	Laura	FNP				

NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		DEGREE
Stevensville	Baldrige	Teresa	MD
	Courchesne	Yvonne	MD
	Crews	Kirk	MD
	Downey	D	MD
	Jones	Ellyn	MD
	Leugers	Camille	MD
	Paul	Mark	MD
	Randall	Thomas	MD
	Reed	Frank	MD
	Rooley	Beverly	NP
	Rudd	Jane	MD
	Turnbull	Teresa	NP
	Whitley	Vernon	MD
Superior	Chambers	Laurel	PAC
	Jones	Terry	MD
	Ornelas	Ernesto	FNP
	Park	Yong	MD
	Parrott	Robert	DO
	Smith	Terry	DO
Thompson Falls	Lintz	Jan	PAC
	Lovell	Randy	DO
	Nelson	Raymond	MD
Whitefish	Charman	Charles	MD
	Daniell	Suzanne	MD
	Erickson	Jay	MD
	Holdhusen	Christopher	MD
	Kalbfleisch	John	MD
	Miller	Jon	MD
	Miller	Ron	MD
	Munzing	Daniel	MD
Whitehall	Reiff	Terry	DO
	Sacry	Gayle	MD

PEAK HEALTH PRIMARY CARE PROVIDERS

CITY NAME SPECIALTY

Absarokee	Exley	Jack	Family Practice
	Ragar	Todd	Family Practice
Anaconda	Robison	Jill	Pediatrics
Billings	Anderson	Richard	Internal Medicine
	Bailey	Ieva	OB & GYN
	Beijer	Kerstin	Family Practice
	Bullman	Jon	Family Practice
	Busch	Byron	Internal Medicine
	Campbell	Bruce	Family Practice
	Canner	Rebecca	Family Practice
	Center	Dean	Family Practice
	Chisdak	Jami	OB & GYN
	Collett	Gordon	Pediatrics
	Cook	Cheryl	Internal Medicine
	Dahl	Chimene	OB & GYN
	Dennis	Terry	Internal Medicine
	Dietrich	Janet	OB & GYN
	Etchart	Leonard	Internal Medicine
	Ezell	Douglas	OB & GYN
	Fahrenwald	Roxanne	Family Practice
	Fishburn	Amy	Internal Medicine
	Forseth	Hal	OB & GYN
	Fritz	Stephen	Internal Medicine
	Fuller	Bradley	Internal Medicine
	Gerbasi	Paolo	Family Practice
	Gobin	Mark	Internal Medicine
	Guyer	James	Family Practice
	Hagan	Michael	Internal Medicine
	Hager	Dwight	Family Practice
	Hinshaw	James	OB & GYN
	Hugelen	Julie	Family Practice
	James	Thomas	Family Practice
	Johnson	David	Internal Medicine
	Johnson	Jeffrey	Internal Medicine
	Johnson	Vernon	Family Practice
	Jozwiak	Mary	Internal Medicine
	Kadri	Abdulmajeed	Internal Medicine
	Kadri	Kathie	Internal Medicine
	Kent	Thomas	OB & GYN
	Kummer	Marian	Pediatrics
	Langohr	Janis	Pediatrics
	Lindley	Jeff	Family Practice
	Maheras	Joseph	Internal Medicine
	Malloy	John	Family Practice
	Malters	Edward	Internal Medicine
	Marchello	Benjamin	Internal Medicine
	McClave	Charles	Internal Medicine
	Mehia	Denise	Internal Medicine
	Metzger	Michael	Internal Medicine
	Michels	Frank	Family Practice
	Molloy	Daniel	OB & GYN
	Moore	Douglas	Family Practice
	Neuhoff	Douglas	OB & GYN
	Nichols	Robert	Family Practice
	Petersen	Erica	Family Practice
	Petersen	Susan	Family Practice
	Plummer	L. Eugene	Family Practice
	Ragar	Todd	Family Practice

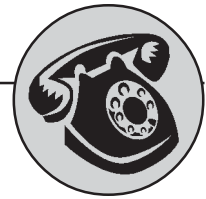
CITY NAME SPECIALTY

	Roane	Douglas	Internal Medicine
	Schiffert	Martin	Family Practice
	Schnitzer	Brian	Family Practice
	Shaub	Stephen	Family Practice
	Sorensen	Neal	Internal Medicine
	Standish	David	Pediatrics
	Stanley	Merrill	Family Practice
	Stevens	Richard	Pediatrics
	Tapia	Lionel	Pediatrics
	Thompson	Frank	Family Practice
	Wahl	Annette	Family Practice
	Wickstrom	Glenda	Internal Medicine
Bridger	Exley	Jack	Family Practice
	Ragar	Todd	Family Practice
Butte	Barakke	Swaroop	Internal Medicine
	Bodine	Jonathan	Internal Medicine
	Brown	James	Pediatrics
	Chamberlain	David	Internal Medicine
	Cortese	Florian	Gastroenterology
	Ellis	William	Family Practice
	Gould	Stanley	OB & GYN
	Graham	Kenneth	Pediatrics
	Henke	Paul	OB & GYN
	Hunt	Kenneth	Family Practice
	Karmaker	Nivedita	Pediatrics
	Kautzman	Jessie	Family Practice
	Kronenberger	Brett	Internal Medicine
	Kumar	Rakesh	Internal Medicine
	McGree	Patrick	Family Practice
	Mosqueda	Eric	Pediatrics
	Mulcaire-Jones	George	Family Practice
	Popovich	Keith	Internal Medicine
	Pullman	John	Internal Medicine
	Sager	Wayne	Pediatrics
	Salisbury	Dennis	Family Practice
	Salisbury	Jessie	Pediatrics
	Schlesinger	Peggy	Internal Medicine
	Sessions	Lisa	Family Practice
	Siddoway	Paul	Internal Medicine
	Sironi	Rindo	OB & GYN
	Taverna	Jacob	Internal Medicine
	Webb	B. Kirwin	Internal Medicine
	Wilson	Judy	Internal Medicine
Deer Lodge	Martin	Wayne	Family Practice
	Oser	J. Barry	Family Practice
	Stinson	Kathy	Family Practice
Hardin	Billin	Aaron	Family Practice
	Greimann	Carolyn	Family Practice
	Ostahowski	Gary	Family Practice
	Ragar	Todd	Family Practice
	Trevino	Carlos	Family Practice
	Whiting	Robert	Family Practice
Laurel	Forseth	Lori	Family Practice
	McCrea	Kevin	Family Practice
	Richardson	E. Lee	Family Practice

CITY	NAME		SPECIALTY
	States	Patti	Family Practice
	Ulrich	Robert	Family Practice
	VanNice	Robert	Family Practice
Miles City	Brucker	Anne	Internal Medicine
	Busso	Oscar	Internal Medicine
	Drivdahl-Smith	Christine	Family Practice
	Gallo	Susan	Family Practice
	King	Charles	OB & GYN
	Rauh	J. Randall	OB & GYN
	Reynolds	Lourdes	Pediatrics
	Young	James	Pediatrics
Red Lodge	Fouts	Thomas	Family Practice
	Ragar	Todd	Family Practice
	Zavala	Jeffrey	Family Practice
Worden	Ragar	Todd	Family Practice
	Stanley	Merrill	Family Practice



RESOURCES



MONTANA EMPLOYEE BENEFITS BUREAU
1-800-287-8266 or 444-7462 in Helena

www.state.mt.us/doa/spd/benefits/healthbenefits.asp

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General benefits information and contacts.

BLUE CROSS AND BLUE SHIELD OF MONTANA
1-800-423-0805 or 444-8315 in Helena
www.bluecrossmontana.com

NEW WEST HEALTH PLAN
1-800-290-3657 or 457-2202 in Helena
www.newwesthealth.com

PEAK HEALTH PLAN
Customer Service/Benefits/Claims: 1-866-368-7325 (PEAK)
Provider Network: 1-888-256-6556
Prior authorization/Pre-certification: 1-866-275-7646
www.healthinfonetmt.com

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ECKERD HEALTH SERVICES (EHS)
1-888-347-5329
www.ehs.com

Prescription drug refills, customer service, prior authorizations, and quantity over-rides.

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VISION SERVICE PLAN (VSP)
1-800-877-7195
www.vsp.com

Eye Exam, related services and benefits.

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APS MEDICAL MANAGED CARE
1-800-999-1077 or 443-1127
www.apshealthcare.com

EAP Services, counseling referrals, pre-certifications, case management, and information.

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UNUM LIFE INSURANCE COMPANY
1-800-227-4165
www.unum.com/enroll/stateofmontana

Long-term care claims and information.

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ASI
1-800-659-3035
FAX: 1-573-874-0425
www.asiflex.com

Flexible Spending Accounts claims, eligible expenses, account status, and IRS rules.